

NATIONAL ASSOCIATION FOR THE
PREVENTION OF TUBERCULOSIS



REPORT OF COUNCIL
1928



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(President of the Association)



National Association for
the Prevention of
Tuberculosis.

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BROMPTON,
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Report of Council

TO THE

Thirtieth General Meeting
of Members

TO BE HELD AT

19, BERKELEY STREET, LONDON, W.1.

(by courtesy of the British Red Cross Society)

On Monday, July 22, 1929.

LONDON:

GEORGE PULMAN & SONS, LTD.,
THAYER STREET, W.1

1929.

Object, Methods and Membership of the Association.

1. OBJECT.—The prevention of Tuberculosis.
2. MEMBERSHIP.—The Association consists of Ordinary and of Life Members. The contribution of Ordinary Members is 5s. annually. Those who subscribe annually a sum of not less than one guinea are enrolled as Subscribing Members. Life Members give a donation of five guineas.
3. METHODS.—
 - I. The education of public opinion and the stimulation of individual initiative by means of—
 - (a) A Central Office for the collection and distribution of information as to modes of diffusion of tuberculosis and measures of prevention.
 - (b) The circulation of pamphlets and leaflets setting forth in plain language the result of scientific investigations of the above points.
 - (c) Public lectures by men approved by the Council. Addresses at congresses and other public gatherings.
 - (d) Co-operation with other societies having for their object the promotion of public health.
 - (e) The co-operation of the public press.
 - (f) Periodical congresses and the issue of an annual report.
 - (g) The promotion of the establishment of open-air sanatoriums for tuberculous patients.
 - II. The influencing of Parliament, County Councils, Boards of Guardians, Chambers of Agriculture, and other public authorities on matters relating to the prevention of tuberculosis.
 - III. The establishment throughout the Kingdom of local branches of the Association. Secretaries of branches are supplied with all literature at cost price.

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Assistant Medical Commissioners :

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SIDNEY G. PEILL, ESQ., M.B., CH.B.

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Burrow Hill Sanatorium Colony, Frimley, Surrey :

Resident Medical Superintendent :

A. H. MACPHERSON, L.R.C.P. and S. (Ed.).

Assistant Medical Superintendent :

W. M. MACPHAIL, M.B., CH.B. (Ed.).

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NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

Council's Report

To the Thirtieth Annual General Meeting to be held on
Monday, 22nd July, 1929, at 19, BERKELEY STREET, W.1
(by courtesy of the British Red Cross Society).

Special Appeal for £100,000.

It is seldom possible to announce the fact that more than the sum asked for has been raised, and that within the space of two years. But this is the good fortune of the National Association for the Prevention of Tuberculosis. The total amount collected was **£110,941 15s. 8d.** It may be of interest to state briefly the story of the Appeal. It was started in the Spring of 1926 under the auspices of the Marchioness of Titchfield, who was approached by the Association to act as Chairman of the Appeal, to which she graciously gave her name and time, and worked with great energy, enthusiasm and ability for its success. The Association can never adequately thank Lady Titchfield and her powerful Committee for all they have done, but they would like to take this opportunity of placing on record this expression of their deep gratitude.

The Appeal was started at a Dinner held at the Mansion House in July, 1926, at which His Royal Highness the Prince of Wales, as President of the Association, was present. The result of this dinner was £17,785 12s. 6d.

The next big event was a Ball, in January, 1927, at Lansdowne House, kindly lent by Mr. Gordon Selfridge, which produced the sum of £7,937.

The final effort was a luncheon at the Savoy Hotel in July, 1928, at which an anonymous donation of £50,000 was given, making the sum collected on this occasion £59,684 15s. The luncheon

was attended by a large gathering and speeches were delivered by the Marchioness of Titchfield (Chairman of the Special Appeal), The Rt. Hon. Neville Chamberlain (Minister of Health), and The Rt. Hon. H. J. Tennant (Treasurer of the Association). A report of the speeches, list of subscribers and balance sheet has been published and sent to all those who gave to the Special Appeal.

There were in addition numerous entertainments and local appeals in different parts of the country, which all helped to bring about this wonderful result, and from the Special Appeal Office in Hanover Square a steady stream of letters flowed out every day appealing to all classes of the community for their support. Other means of collecting money were found in the sale of motor and personal badges, especially designed for the Association, with the emblem of the double red cross (the international sign for tuberculosis work) and a seal stamp for use on letters and parcels.

The Association has made many new friends through the work of the Special Appeal, and believes that the interest aroused all over the country will act as a great stimulus in prosecuting the different activities on which the money is being spent.

How the Money is being Spent.

1. *Education*.—The Association has (a) engaged four highly qualified medical men as Medical Commissioners who in addition to general propaganda work act as lecturers, (b) equipped three motor vans with interesting exhibits, including films and outfit. (c) Illustrated lectures have been given in many parts of England and Scotland. (Lists have been published in the Annual Report for 1927.)

2. *Establishment of Care Committees* (For the supervision of patient and family).—Monetary assistance has been and will be given where most needed.

3. Grants towards the *Establishment of Workshops* for tuberculous patients.

4. Grant towards *Burrow Hill Sanatorium Colony*.

This is an experimental scheme for providing treatment and technical education for boys from 14 to 19 years old, under medical and scholastic supervision. The Colony is the only institution in the country to cater specially for this difficult age.



The National Association stall at the Children's Health Exhibition held in the *Evening World* Pavilion of the North-East Coast Exhibition, Newcastle-upon-Tyne, from 14th to 29th June, 1929. Adapted from the usual Exhibition.

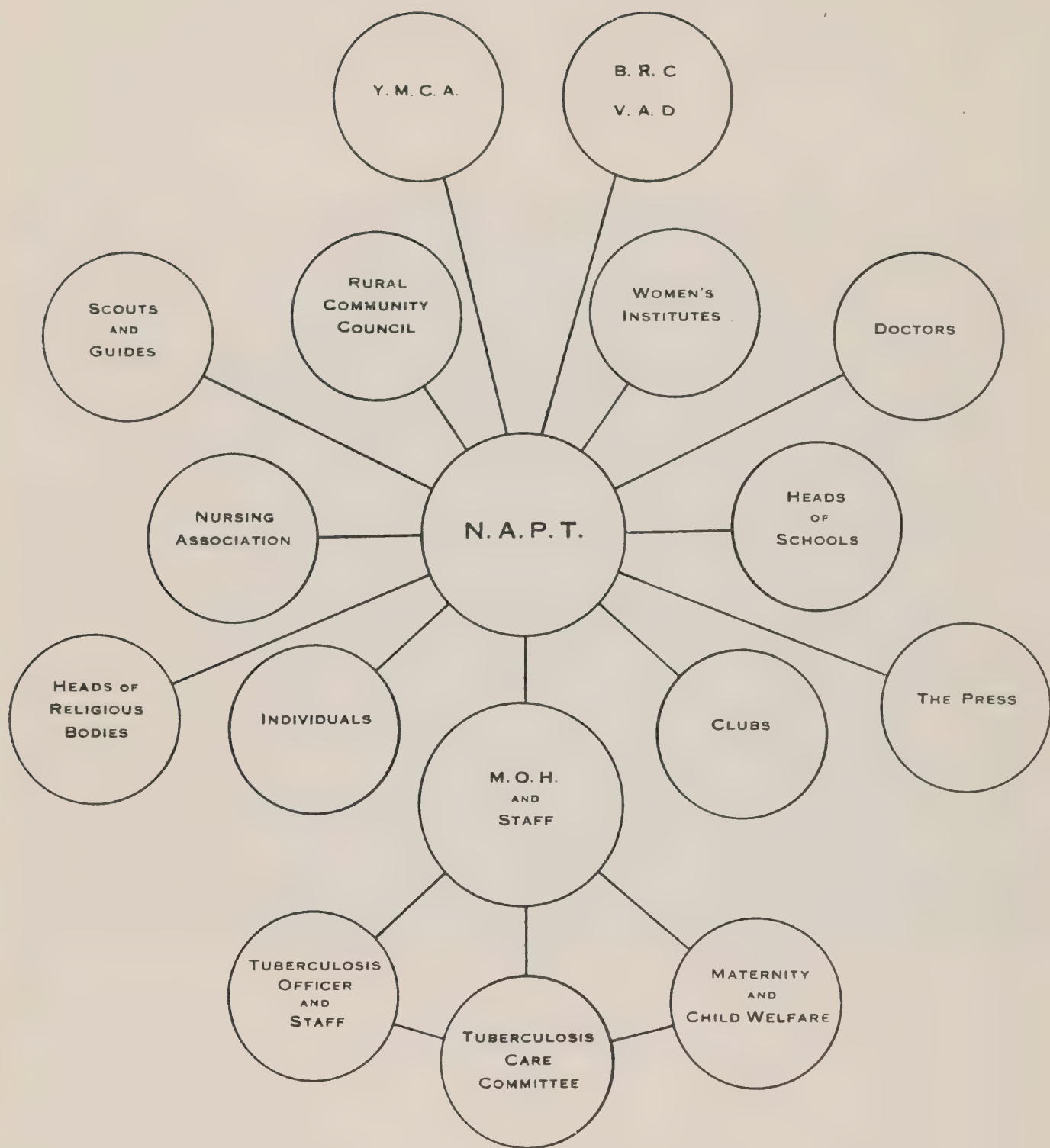


DIAGRAM TO SHOW CO-OPERATIVE EFFORT OF THE NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

5. Grants to *Individual Cases*, where necessity arises, that is, where the official tuberculosis machinery does not cover the particular need.

Educational Work.

The work of the Medical Commissioners has been carried on with encouraging success. New models and films dealing with tuberculosis have been added to the original exhibits, and the whole of the Association's equipment gives a clear conception of the methods in use for the prevention and treatment of tuberculosis. The motor vans containing the exhibits have been in constant use and a great part of the country has been covered. A detailed report, giving a list of the counties visited, will be found in Appendix I.

The Council has participated in Health Weeks in different parts of England.

The educational work is organised by Dr. Brand, the Commissioner, who makes arrangements for the tours with the co-operation of the health authorities. There is a great deal of detailed work and correspondence involved in getting the meetings widely known, and every effort is made to interest everyone beforehand to ensure a large gathering. The accompanying diagram indicates the far-reaching co-operation which the Association endeavours to stimulate in the districts visited. Following these preliminaries, one of the Assistant Medical Commissioners arrives with the van, the exhibits are displayed and lectures, illustrated with films and lantern slides, are given in the schools and in halls.

The meetings have been well attended and much interest has been aroused. Among letters of appreciation received from health authorities in England and Scotland are the following :

From Dr. Harry J. Rae, County Medical Officer for Aberdeenshire :

“ Dr. Harley Williams has just completed a series of lectures on tuberculosis in Aberdeenshire. . . . All the lectures were well attended ; the Head Teachers gave valuable co-operation and the Provosts of the Burghs and leading citizens of the rural areas were exceedingly enthusiastic in their support of this preventive endeavour.

“ Personally I wish to tender my thanks to you and to Dr. Williams for your splendid efforts towards the prevention of tuberculosis. Dr. Williams' stay was all too short, and I am hopeful that, in the near future, it

may be possible to have his services in this county for another fortnight. Perhaps you will be so good as to tender the thanks of my Committee and of myself to the National Association for the Prevention of Tuberculosis for their kindness in allowing Dr. Williams to appear in Aberdeenshire."

From the Town Clerk, Newcastle-upon-Tyne :

" At a meeting of my Health Committee yesterday, the series of lectures which have been delivered in Newcastle in co-operation with your Association were mentioned. In view of the valuable assistance which has been given and the nature of the films and talks which were such as were easily understood and appreciated by the public, and of the generous action of your Association in arranging for Dr. Holroyd to visit Newcastle to deliver the lectures, I was instructed by the Committee to communicate with your Association expressing their warm thanks for your great assistance in this matter."

From the Chairman of the Ilford Tuberculosis Care Association :

" At the monthly meeting of the Ilford Tuberculosis Care Association on Thursday last, a resolution was unanimously agreed to that a letter of thanks be sent to the National Association for the Prevention of Tuberculosis for their splendid work in giving a Lecture on " The Prevention of Tuberculosis " on Friday, February 1st, at the Town Hall, Ilford.

" At the instance of the Chairman, the name of Dr. William Brand was associated with the vote, for the very kind and courteous manner in which he dealt with all the suggestions put forward by Mr. A. Swann for the local organisation of the lecture. Also Dr. Sydney Peill, for the able manner in which he conducted the Lecture.

" The lecture was an undoubted success, and it is the opinion of the Committee that work of this kind cannot fail to be of immense value to all those interested in the very important work of combatting tuberculosis in this country."

From the Medical Officer of Health for Darlington :

" In the morning we had an excellent assembly of 1,000 senior school children with teachers from the only area in the town where tuberculosis incidence is excessive. The children listened with keenness and the three films certainly drove the lesson home. . . .

" In the evening we held the Annual Meeting of the Tuberculosis Care Committee at which 40 of the most influential anti-tuberculosis workers in the town were addressed by Dr. Holroyd and saw the three films. I can certainly say it was the most successful Annual Meeting we have had and will bear much fruit.

" Thanking the Association for the privilege of having Dr. Holroyd's assistance."

PHOTOGRAPHS FROM THE TUBERCULOSIS EXHIBITION.

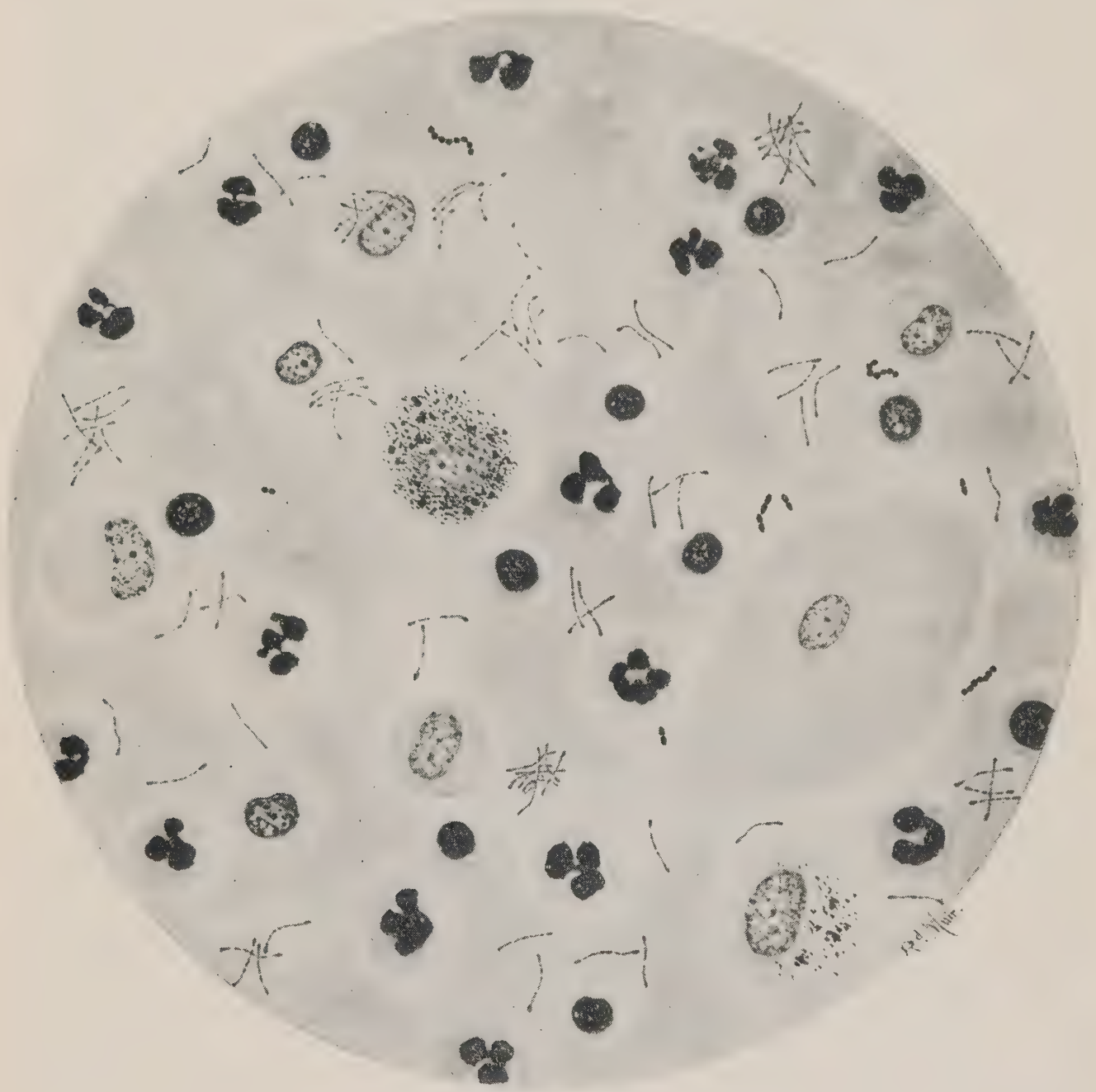


1. THE SLUM PLAYGROUND—A DUSTY STREET.



2. THE OPEN AIR SCHOOL PLAYGROUND—A SHARP CONTRAST.

PHOTOGRAPH OF A COLOURED DRAWING FROM THE
TUBERCULOSIS EXHIBITION.



Tubercle bacilli (highly magnified) in sputum. These germs, visible in the photograph as minute slender rods, are the essential cause of every case of tuberculosis, and sputum is the usual means of transmission of the bacilli from sick to sound in human tuberculosis.

Nurse Commissioners in Scotland.

As an outcome of the educational campaign conducted by Dr. Harley Williams, Assistant Medical Commissioner, who works entirely in Scotland, and to consolidate the effect of his visits, a scheme for more intensive propaganda was launched and received the joint support of the National Association for Prevention of Tuberculosis, the Scottish Branch of the B.R.C.S., the Royal Victoria Hospital Tuberculosis Trust and the Queen's Institute of District Nursing, Scottish Branch. Two Nurse Commissioners were appointed, the administration of their duties being remitted to the Nursing Committee of the Queen's Institute of District Nursing.

A pioneer caravan tour in the Western Highlands undertaken by the Association in the summer of 1927 for the purpose of awakening interest in the prevention of tuberculosis was successfully carried out by Dr. Harley Williams. The practical assistance of the Queen's Nurses working in some of the areas visited was enlisted and the Scottish Council of the Queen's Institute realised that if permanent good was to result from the tour further measures should be taken to foster the interest aroused and to secure a more educated public opinion.

It was decided that the Nurse Commissioners should work in Inverness-shire and Ross-shire, and the lines on which the work should be developed were as follows :—

- (1) Intensive work amongst the community by means of talks to mothers, visits to schools, lectures to Women's Rural Institutes and so forth.
- (2) An endeavour to interest and secure the co-operation of the District Nurses and their Committees in the work, and
- (3) particularly to give advice and instruction to the Nurses on the preventive aspect of tuberculosis.

The Scottish Board of Health approved the scheme and agreed to commend it to County Authorities and the financial side of the undertaking has been assured for two years through the co-operation of the above-mentioned bodies.

Reports give the assurance that the visits of the Nurse Commissioners are welcomed wherever facilities have been sought. It is believed that the Medical Officers of Health are satisfied with the work and that permanent good results will follow this specialised effort.

Burrow Hill Sanatorium Colony.

As was foreshadowed in last year's report, a change of policy has been made at Burrow Hill Colony. The need for combined treatment and training for the ex-service man has been sufficiently met, particularly since he has become automatically a civilian.

With the guidance and approval of the Ministry of Health, the necessary alterations and additions have been made for the reception of adolescent youths from 14—19 years, and the Sanatorium Colony, as it is now termed, received patients at the beginning of May. Application was made to the Charity Commissioners who have given their approval to the new scheme.

The future of the tuberculous youth has received insufficient attention in the past. The difficulties in the way have been great. There has been a natural tendency to concentrate on measures directed solely to the medical treatment of the patient. In favourable cases the result has been that the youth is cured of his tuberculosis, but is in no condition to earn his own living. He has lost the start in life which he would have obtained if his health had been normal and begins the battle of life severely handicapped. A wider knowledge of medicine has taught us that education, both scholastic and technical, can be given to suitable patients along with skilled treatment of their disease. Indeed, the combination is mutually advantageous. For educational work under medical supervision and adapted to the patient's rate of progress towards health gives him another interest in life and contributes towards his recovery.

In the case of a youth affected with a chronic disease like tuberculosis, it is of cardinal importance that he should obtain a grounding in some definite occupation during his period of treatment. Through this provision, care is taken for his future welfare.

The number of tuberculous youths in any county or county borough area is however, generally speaking, too limited to permit of specialised instructional provision being made locally if due regard is paid to economy.

It is unnecessary to enlarge upon the treatment of the disease. Local authorities may be assured that it will be carried out on approved modern lines; all necessary facilities for the appropriate treatment are available.

The Institution contains 80 beds, 60 of which are provided for arrested cases, and 20 in a specially designed block for patients in the earlier stages of the disease. It is primarily intended for youths suffering from pulmonary tuberculosis in whom permanent arrest of the disease is ultimately likely to be secured, and who are in need of, and temperamentally fitted for technical education, but cases of glandular tuberculosis without sinuses or of tuberculous disease of bones and joints no longer requiring active orthopaedic treatment, will also be eligible for admission.

Technical education will form an essential part of the regime, and it follows that only those who are physically and temperamentally suitable for technical education can be dealt with. This does not imply that only youths who have reached a high standard of elementary education will be suitable. It is fully recognized that the disease has not infrequently curtailed attendance at public elementary schools; accordingly a certain amount of elementary education will be included in the course when circumstances render this desirable in order that the youth may profit from the more technical education. A schoolmaster has been appointed, and the school is recognised by the Board of Education. Both technical and such elementary education as may be necessary will be carried out under the auspices of recognised educational authorities in order that an efficient standard of instruction may be secured.

Technical education is given in two subjects; gardening and clerical work. In selecting these courses of education careful consideration has been given to the needs of youths from both urban and rural areas. The gardening course should not only enable youths to qualify for positions as "improvers" in large gardens, but should also fit them to act as assistants to town gardeners. A sound preliminary course of instruction in clerical work and business methods should enable youths to make a good start in a business career. The National Association are satisfied that clerical work carried out under favourable conditions is a suitable occupation for the tuberculous. The day has passed when it was considered that an outdoor occupation was the only one suitable for the tuberculous.

The course in gardening has been prescribed by the Surrey Agricultural Department. The clerical work will be supervised by the Surrey Education Committee. In addition the appropriate authority will approve the general arrangements, the facilities for instruction, the instructors, and inspect the technical work of the Colony.

It is essential, if full value is to be obtained from the courses of instruction, that Care Committees or others responsible for care work, should take active steps for the subsequent placing of the youths. In some cases promises of employment may be obtained in advance and in those instances every effort will be made to modify the courses of training of the individual concerned to fit him for the particular post.

The cost of maintenance at the Colony is 50/- per week.

Curriculum of Technical Education.

(1) GARDENING :

The curriculum in garden work will deal with the types of soil and their treatment, the cultivation of vegetables, herbaceous and bedding plants, ornamental trees and shrubs, the propagation, culture and treatment of fruit, the recognition and treatment in insect pests and fungoid diseases, the principles of ornamental and landscape gardening and the general management of frames and glasshouses. Carpentry, incidental to garden work will also be included in this course.

(2) CLERICAL WORK :

This will include :

- (a) The elementary principles of book-keeping.
- (b) Shorthand.
- (c) Typewriting.
- (d) Business methods, commercial correspondence and office routine.

(3) GENERAL EDUCATION :

- (a) English (including the study of literature).
- (b) History
- (c) Economic geography.
- (d) Arithmetic.

This course of instruction will permit youths to continue their general education during their period of residence. Whilst this is regarded as desirable for youths in either course, it must be considered essential for those engaged in clerical work in order that they may derive full benefit from the technical education.

Dr. MacPhail, the Assistant Medical Superintendent, has made an extensive tour in England interviewing public health authorities and explaining the principles laid down for the successful running of the Colony.

An official circular (No. 969) was sent out to public health authorities by the Ministry of Health, calling attention to the facilities available at Burrow Hill. The Council has also issued an illustrated booklet.

14th Annual Conference.

The Fourteenth Annual Conference of the Association was held in London on October 15th and 16th, 1928. The first day was devoted to a discussion on "The Occurrence of Tuberculosis among Primitive Peoples," which was opened by Dr. R. G. Ferguson, Director of Medical Services, Saskatchewan Anti-Tuberculosis League, who has done a great deal of research work as to the incidence of tuberculosis among Red Indians. On the second day, Sir Robert Philip gave the opening address on "The Principles underlying a scheme of anti-tuberculosis Measures in any Country." The Conference was attended by the party of Canadian Tuberculosis Officers visiting England in addition to nearly four hundred British delegates and members.

Visit of Canadian Tuberculosis Officers.

The Association had the pleasure of welcoming last autumn a number of Canadian Tuberculosis Officers and their families, who came over to Europe to study tuberculosis work. Their visit was so arranged that they were able to attend the International Conference at Rome and also the Fourteenth Annual Conference of the N.A.P.T. in London in October.

The Canadians, numbering about seventy, arrived in England in the first week of September and immediately started on their visits to institutions, etc. The English programme was organised by the Association as follows :

- Sat., Sept. 1. Arrive LIVERPOOL. Stay night.
- Sun., Sept. 2. Early Service at Cathedral. Leave for LIVERPOOL OPEN AIR HOSPITAL FOR CHILDREN, LEASOWE. (Arranged by Dr. T. Hartley Martin, Senior Medical Officer). Lunch at Hospital.
Proceed via Chester to BIRMINGHAM. Stay night.
- Mon., Sept. 3. (Arranged by Dr. H. P. Newsholme, Medical Officer of Health).
- 9 a.m. Reception by Lord Mayor at Council House.
- 9.20 Leave in two parties:—
- First Party.*
- Visit PERRY COMMON HOUSING ESTATE and PYPE HAYES HOUSING ESTATE.
- 11.30 Arrive YARDLEY ROAD SANATORIUM.
- 1.30 p.m. Lunch at Sanatorium by invitation of Public Health Committee.
- 2.45 Leave Sanatorium to rejoin second party at Council House.
- Second Party.*
- Proceed to ROMSLEY HILL SANATORIUM.
- 11 a.m. Leave Sanatorium, reaching Bournville at
- 11.30 Inspection of BOURNVILLE WORKS AND HOUSING
- 2.45 p.m. ESTATE, with interval for lunch provided by Messrs. Cadbury Bros., Ltd.
- 3 Arrive at Council House.
- Leave for Stratford-on-Avon, see town, etc., on to LEAMINGTON SPA. Stay night.
- Tues., Sept. 4. Leave early for WALES (Organised by Dr. D. A. Powell, Principal Medical Officer, Welsh National Memorial Association), via TALGARTH SANATORIUM, NEAR BRECON. Lunch at Sanatorium.
- Leave for CARDIFF, visiting CEFN MABLY HOSPITAL (tea provided), GLAN ELY HOSPITAL and Tuberculosis Department at WELSH NATIONAL SCHOOL OF MEDICINE, CARDIFF. Stay night.

- Wed., Sept. 5. Via Tintern Abbey and Gloucester (Cathedral) to WINCHESTER (Cathedral). Stay night.
- Thurs., Sept. 6. To LORD MAYOR TRELOAR CRIPPLES' HOSPITAL, ALTON AND HAYLING ISLAND. (Arranged by Sir Henry Gauvain, M.D.) Lunch at Hospital, Alton. Visit Hayling Island during afternoon. Dinner at Hotel. Lecture by Dr. Menzies. Stay night.
- Fri., Sept. 7. To KING EDWARD VII SANATORIUM, MIDHURST. (Arranged by Dr. Trail, Medical Superintendent). Inspection of Sanatorium. Lunch. Lantern demonstration on Tuberculosis of Larynx by Sir St. Clair Thomson, M.D., F.R.C.S.; demonstration on X-ray diagnosis and Artificial Pneumo-thorax by Dr. Trail. Leave for LONDON.
- Sat., Sept. 8. }
 Sun., Sept. 9. } Free.
 Mon., Sept. 10. }
- Tues., Sept. 11. To BROMPTON HOSPITAL, Fulham Road, for technical demonstration. (Arranged by Dr. L. S. T. Burrell). The demonstrations this and the following mornings will be on Artificial Pneumo-thorax and Thoracoplasty.
- Wed., Sept. 12. To BROMPTON HOSPITAL. Demonstration from 9.30 a.m. to 12 noon. Leave for BROMPTON HOSPITAL SANATORIUM, FRIMLEY. (Arranged by Dr. Wingfield, Medical Superintendent). Lunch at Sanatorium. Leave at 5 p.m. for BURROW HILL COLONY, FRIMLEY. (Dr. A. H. Macpherson, Medical Superintendent). Tea. Return to LONDON.
- Thurs., Sept. 13. To OXFORD. (Arranged by G. N. Girdlestone, Esq., F.R.C.S.) Inspect WINGFIELD ORTHOPÆDIC HOSPITAL, HEADINGTON. Afterwards see City and Colleges. Lunch and tea provided.
- Fri., Sept. 14. Leave for PARIS.
- Sun., Oct. 7. Arrive LONDON from Paris.
- Mon., Oct. 8. }
 Tues., Oct. 9. } Free.
 Wed., Oct. 10. }
 Thurs., Oct. 11. }

Fri., Oct. 12.	To PAPWORTH VILLAGE SETTLEMENT and CAM- BRIDGE. (Arranged by Mrs. Marcus Dimsdale). Arrive Papworth 11 a.m. (Dr. P. C. Varrier-Jones, Medical Director). Lunch at 1 p.m. Leave at 5 p.m., drive round Cambridge. Dinner at St. John's College at 7 p.m. Return to LONDON.
Sat., Oct. 13.	} Free.
Sun., Oct. 14.	
Mon., Oct. 15.	N.A.P.T. CONFERENCE: Great Hall, British Medical Association House, Tavistock Square, W.C.1 Sessions: 10 a.m.—12 noon; 3—5 p.m. LUNCH AT GUILDHALL (by invitation of the City of London Corporation). Reception: 12.30 p.m. N.A.P.T. DINNER at Savoy Hotel, W.C.2
Tues., Oct. 16.	N.A.P.T. CONFERENCE. Sessions: 10 a.m.—12.30 p.m.; 2.30—5 p.m. DINNER. (Arranged by the Joint Tuberculosis Council).
Wed., Oct. 17.	TUBERCULOSIS ASSOCIATION. Clinical Meetings at the Royal Society of Medicine, 1, Wimpole Street, W.1, at 5 and 8 p.m.
Thurs., Oct. 18.	Attend HARVEIAN ORATION at Royal College of Physicians.
Fri., Oct. 19.	Free.
Sat., Oct. 20.	Leave for EDINBURGH.
Sun., Oct. 21.	} EDINBURGH.
Mon., Oct. 22.	
Tues., Oct. 23.	
Wed., Oct. 24.	Leave for GLASGOW.
Thurs., Oct. 25.	} GLASGOW.
Fri., Oct. 26.	
Sat., Oct. 27.	Sail from GREENOCK.

FORM OF BEQUEST.

The following Form of Bequest is respectfully submitted to those who may wish to become Benefactors by Will or Codicil to this Association:—

*I give and bequeath to the Treasurer, for the time being, of THE NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS, situate at 1, GORDON SQUARE, LONDON, W.C.1, the sum of**

FREE OF LEGACY DUTY, to be applied in and towards carrying on the work of the said Association; and I direct that the receipt of the Treasurer of the said Association for the time being shall be a sufficient discharge to my Executors for the said Legacy.

*The sum to be expressed in words at length.

DONATION FORM.

Cheques may be made payable to "The Secretary, N.A.P.T.," and crossed "Westminster Bank, Ltd., Tavistock Square Branch, W.C.1."

I enclose a Cheque (or Postal Order) for

the sum of £ : : as a Donation to the N.A.P.T.

Name.....

Address.....

.....

.....

TO THE SECRETARY,

National Association for the Prevention of Tuberculosis,
1, Gordon Square,
London, W.C.1.

National Association for the Prevention of Tuberculosis.

Central Office: 1, GORDON SQUARE, LONDON. W.C.1.

Bankers : WESTMINSTER BANK, LTD., TAVISTOCK SQUARE BRANCH, W.C.1.

Hon. Treasurer : THE RIGHT HON. H. J. TENNANT.

To the HON. TREASURER :

Please make me a Subscriber to your Association as a £ s. d.

- (a) Life Member (one payment of not less than £5 5s.)
- (b) Subscribing Member (One Guinea and upwards)
- (c) Ordinary Member (the minimum annual subscription is 5s.)

(Signed) Name.....

Postal Address.....

Date.....

BANKER'S ORDER FORM.

Date.....192.....

To Messrs.....

Please pay to WESTMINSTER BANK, LTD., TAVISTOCK SQUARE BRANCH, LONDON, W.C.1, to the credit of the Account of THE NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS, 1, GORDON SQUARE, LONDON, W.C.1, my Subscription of.....now and on the first day of January annually until countermanded.

Signature.....	Twopenny stamp required.	.....
Address .....		.....
.....	

£ : :

NOTE.—Annual Subscribers will greatly facilitate the Collection of their Subscriptions if they will kindly fill in this Order on their Bankers and send it to the Secretary of the Association. This order entails no liability beyond the Annual Payment, and may be cancelled at any time.

The Association would like to record its grateful thanks to all those who helped to make the tour so successful from every point of view, in which it goes without saying the Canadians would like to join. Everyone was delighted with what they saw, and the hospitality they received touched them deeply. One of the party has written a very graphic account of their adventures, professional and otherwise, from the time they left Canada until their return.

The Corporation of the City of London gave a Luncheon in their honour in the Crypt of the Guildhall, which created a great impression.

15th Annual Conference.

This year's Conference will be held in Newcastle-upon-Tyne on October 10th, 11th and 12th. The subjects to be discussed are as follows :

1. " Tuberculosis on Tyneside—A Sociological Survey."
2. " The Factors that Produce Adult Pulmonary Tuberculosis."
3. " Scheme of National Propaganda regarding Tuberculosis."
4. " Combined Treatment and Technical Education of Tuberculous Youths."
5. " Teaching of Tuberculosis to Undergraduates."
6. " Training of Tuberculosis Medical Officers."
7. " Methods of Local Propaganda regarding Tuberculosis."
8. " Dentistry in relation to Tuberculosis."

The second afternoon of the Conference will be divided into two sections, Professional and General.

International Union against Tuberculosis.

The Sixth Conference of the International Union against Tuberculosis was held in Rome in September last. The following represented the Association :—Sir Robert Philip, Miss Broadbent,

Miss McGaw and Dr. Brand. As might be expected in this city, great pomp and ceremony accompanied the meetings, which were filled to overflowing.

Dr. Brand, the Association's Medical Commissioner, opened the Discussion on "Anti-Tuberculosis Organisation in Rural Districts."

The next Conference of the International Union will take place in Oslo, in August, 1930.

Dutch Association for the Prevention of Tuberculosis.

An invitation was received from the Dutch Association for the Prevention of Tuberculosis to attend the Congress at the Hague on November 21st, 1928, to celebrate the twenty-fifth Anniversary of their Association. Dr. Macpherson, the Medical Superintendent of Burrow Hill Sanatorium Colony, was deputed to represent the Council.

Affiliation.

The following have become affiliated to the N.A.P.T. and are included in the list of Branches and affiliated Societies :

Romford Tuberculosis Care Association.

Paddington Tuberculosis Dispensary.

Dagenham Tuberculosis Care Association.

The N.A.P.T. took an active part this year in the formation of the last-named Association.

Grants.

Financial help has been given to a number of individual cases, where help could not be obtained from any other source.

The special committee for this purpose investigate every application with the assistance of the health authority (Tuberculosis Officer) and if possible some local organisation such as the Tuberculosis Care Committee or Charity Organisation Society. Cases are selected for assistance which promise the most permanent results, especially from a preventive point of view.

The following are a few typical cases :

1. R., an indoor servant, with a wife and three children, had recently moved to London and furnished the home on the hire system. Before he had finished paying, he developed tuberculosis and had to give up his work and go away for treatment. To prevent the home being broken up, the Association co-operated, through the local Tuberculosis Care Committee, with another Society in paying off the remaining amount.

2. C. family. The mother was in hospital with advanced tuberculosis. The grandmother could have taken the children, but the grandfather was dying of cancer, so that they could not go to her until a hospital vacancy was found for him. In the meantime, the children were sent away to the country, but as the father could not afford to pay the whole cost, a grant was given to make up the difference. This case could not be dealt with by the health authority as a "contact" as there was not actually a tuberculous patient in the home.

3. Mrs. E. was discharged home after lengthy treatment for a tuberculous spine. The husband was blind, and of the two children, the boy was able to contribute a small amount to the home, and the girl, aged 14, looked after her parents. Through the local Tuberculosis Care Association, a grant was made towards the cost of an invalid chair for the mother.

4. F., a married man, living in the North of England, had been successfully treated for tuberculosis by the health authority and his disease arrested. He obtained permanent employment as a traveller, but this necessitated the removal of the household to the South. A grant was made towards the cost of moving.

5. B., a boy of 14, one of a family of six, had been treated for a tuberculous hip and discharged with the disease arrested. The home conditions were very unsatisfactory, and it was recommended that the boy should go to Alton Training College for three years to learn a trade. The parents being able only to make a very small contribution, the Association has guaranteed the cost of training.

Finance.

A glance at the balance sheets will show that the finances of the Association are in a most satisfactory condition, thanks largely to the success of the Special Appeal, and that the Association is now able to prosecute a vigorous campaign in many directions. As its title indicates, the *prevention* of the disease is the main object, and the educational work, as already described, will be carried on intensively with, it is believed, beneficial results to the community. The interest which has been taken in the work is real and constructive and must have some effect on the minds of those who go to the lectures, especially in the case of school children. The Association is

contributing towards the expenses of the two Nurse Commissioners in Scotland, and has also given a grant towards the Greenwich Handicraft Centre for tuberculous patients who have had sanatorium treatment. Financial aid has also been given to a recently formed Care Association in an area where this was much needed.

In addition to the money received from the Special Appeal, the Association was left the sum of £1,000 by the late Sir George Murray, which will be received in due course.

Deaths.

It is with the deepest regret that the Association has to record the death of Dr. J. J. Perkins, who devoted so many years of his busy life to the welfare of the Association, first as Honorary Secretary, a post he held for 18 years, which he was reluctantly compelled to resign on account of ill health, then as a Member of Council. His guidance and wise counsel are sorely missed by his colleagues.

The Association has also to record the deaths of three other Members of Council : The Viscountess Grey of Fallodon, Sir Hector Mackenzie (one of the original Members of Council) and Dr. Clive Riviere.

Council.

The vacancies thus caused have been filled by Mr. H. S. Ashton, Dr. Lissant Cox, Mr. J. Arthur Baker and Dr. F. J. H. Coutts, who all seek confirmation of election.

The six members to retire in accordance with Article 12 of the Constitution are :—Sir Percival Hartley, Sir Humphry Rolleston, Sir St. Clair Thomson, Miss Price, Dr. Bardswell and Mr. Pain, who are all recommended for re-election.

By Order of the Council,

FREDA STICKLAND,

Secretary.

National Association for the Prevention of Tuberculosis.

1. GORDON SQUARE, LONDON, W.C.1.

ALANCE SHEET

31ST DECEMBER, 1928

[illegible]

AUDITORS' REPORT.

We have examined the above Balance Sheet with the Books and Vouchers of the Association relating thereto, and certify that it is in accordance therewith. Subject to the value of the Burrow Hill Colony Land and Buildings being accurately stated, we are of the opinion that the above Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of the Association's affairs, according to the best of our information and the explanations given to us, and as shown by the books of the Association.

H. J. TENNANT,
Hon. Treasurer.

LORD, FOSTER & CO.,
Chartered Accountants,
37, Walbrook, London, E.C.4
1st June, 1929.

GENERAL FUND

Dr. Income and Expenditure Account

Year ended 31st December, 1928

		EXPENDITURE					
1928		£	s.	d.	£	s.	d.
Dec. 31	To Salaries	713	6	4			
	„ Rent, Light, Heating and Cleaning ...	370	9	2			
	„ Printing of Leaflets, Annual Report, etc.	377	8	5			
	„ Cost of Handbook, (Fifth Edition) ...	289	14	6			
	„ Postage, Stationery and Telephone... ..	189	17	3			
	„ Travelling Expenses...	39	11	7			
	„ Miscellaneous Expenses	26	15	8			
	„ Subscriptions to other Bodies	8	5	7			
	„ Storage and Dispatch of Films, etc. ...	16	4	11			
	„ Dinner to Canadian Medical Officers ...	141	17	0			
	„ Depreciation of Office Furniture	12	3	4			
					2,185	13	9
Dec. 31	To Balance as per Balance Sheet, being Surplus at 1st Jan. 1928	7,196	10	3			
	Less Deficit for year to 31st Dec. 1928 ...	351	15	6			
					6,844	14	9
					£9,030	8	6

1928		£	s.	d.	£
Jan. 1	By Balance at this date ...				7,196
INCOME					
	Arrears	5	4	0	
	Current	300	19	6	
Dec. 31	„ Subscriptions				
	In advance	1	6	0	
	Life members	10	10	0	
	„ Donations	113	8	0	
	„ Sale of Leaflets ...	95	13	4	
	„ Hire of Films and Slides	33	2	1	
	„ Annual Conference 1928 (Delegates Fees less Expenses) ...	136	11	11	
	„ Income from Investments	387	3	5	
					1,083 18 3
	„ Grant from Special Appeal	750	0	0	
					1,833
					£9,030

SPECIAL GRANTS FUND

Dr. Income and Expenditure Account

Year ended 31st December, 1928

1928		£	s.	d.	£	s.	d.
Dec. 31	To Expenditure, Grants to necessitous cases...				451	12	3
Dec. 31	To Balance as per Balance sheet, being surplus at 1st Jan., 1928 ...	50	7	8			
	Add Surplus for year to 31st Dec., 1928 ...	48	7	9			
					98	15	5
					£550	7	8

1928		£
Jan. 1	By Balance at this date	50
INCOME.		
Dec. 31	„ Grant from Special Appeal	500
		£550

PROPAGANDA FUND

r. *Income and Expenditure Account*

Year ended 31st December 1928

Cr.

EXPENDITURE						
	£	s.	d.	£	s.	d.
8 31 To Salaries				3,287	0	8
„ Wages of Drivers				1,036	18	0
„ Caravan Running Expenses, Travelling and Hotel Expenses and Allowances				1,349	3	6
„ Hire of Halls and Lecture Expenses				341	17	3
„ Posters, Charts and Leaflets				1,551	12	0
„ Printing, Stationery, Stamps and Telegrams				140	7	5
„ Advertising Film and Miscellaneous Expenses				150	1	4
„ Depreciation of Caravans, Furniture and Fittings, Photographs, Lantern Slides, Films, Projectors and Models				628	6	5
„ Balance as per Balance Sheet, being surplus at 1st Jan., 1928	2,358	9	7			
Less Deficit for year to 31st Dec., 1928	626	10	4			
				1,731	19	3
				£10,217	5	10

INCOME						
	£	s.	d.	£	s.	d.
1928 Jan. 1 By Balance at this date				2,358	9	7
Dec. 31 „ Lecture Fees and Collections				58	16	3
„ Grant from Special Appeal				7,800	0	0
				7,858	16	3
				£10,217	5	10

BURROW HILL COLONY * FUND

Dr. *Income and Expenditure Account*

Year ended 31st December, 1928

Cr

EXPENDITURE

1928	£	s.	d.	£	s.	d.
Dec. 31 To Groceries and Provisions				2,684	11	9
„ Surgery and Dispensary				46	3	6
„ Cleaning, Chandlery, Uniforms, Hardware and Crockery ...				204	18	3
„ Light, Water, Fuel, Insurance and Rates				1,081	8	10
„ Laundry				281	2	7
„ Salaries and Wages ...				2,635	8	2
„ Printing, Stationery, Postage & Telephone				79	14	5
„ Travelling and Carriage				145	9	0
„ Repairs				416	18	9
„ Audit				60	18	0
„ Sundry Expenses ...				27	12	6
„ Maintenance and Upkeep of Grounds ...				198	0	9
„ Depreciation of Equipment ...				42	10	11
„ Carpentry Course (Wages and Materials less Sales) ...				27	2	1
„ Market Garden Course (Wages and Materials less Sales) ...				87	10	9
„ Loss on Farm				493	16	2
Dec. 31 Balance as per Balance Sheet, being surplus at 1st Jan., 1928 ...	45,520	8	1			
Less deficit for year to 31st Dec., 1928				24	12	6
				45,495	15	7
				£54,009	2	0

1928	£	s.	d.	£
Jan. 1 By Balance this date ...				45,520
				INCOME
Dec. 31 „ Maintenance of Patients	6,624	2	7	
„ Notification Fees ...	4	1	0	
				6,628
„ Subscriptions and Donations ...	213	10	6	
„ Rent of Farm ...	150	0	0	
„ Income from Investments	496	19	10	
				860 11
„ Grant from Special Appeal				1,000

£54,009

FARM

Dr. *Profit and Loss Account*

Year ended 31st December, 1928

Cr

	£	s.	d.
To Inventory, 1st Jan., 1928 (excluding Implements)	1,921	7	3
„ Live Stock Purchases	50	1	6
„ Wages	633	6	10
„ Rates, Water, Insurance, Threshing and Twine	87	11	3
„ Seeds, Fertilizers, Fodder and Feeding Stuff	569	13	2
„ Repairs and Maintenance of Buildings and Implements	86	14	10
„ Veterinary and other Fees	35	7	0
„ Oil, Petrol and Sundry Expenses ...	35	14	7
„ Depreciation of Implements	13	10	7
„ Annual Rent Charge	150	0	0
	£3,583	7	0

	£
By Sales of Produce	899
„ Cartage and Hire	33 11
„ Live Stock Sales	446
„ Inventory, 31st Dec., 1928 (excluding Implements)	1,710
„ Loss, carried to Colony Income and Expenditure Account	493 11

£3,583

APPENDIX I.

REPORT ON THE SPECIAL EDUCATIONAL CAMPAIGN OF THE ASSOCIATION FOR THE YEAR ENDED 31st MAY, 1929.

The work has been carried out by the Medical Commissioner and the three Deputy Medical Commissioners appointed by the Association.

549 (five hundred and forty nine) meetings have been held during the year in the following counties of England and Scotland :—

Aberdeen.	Inverness.
Argyll.	Kent.
Ayr.	Kinross.
Banff.	Kirkcudbright.
Berwick.	Lancashire.
Buckingham.	Lincoln.
Cheshire.	London.
Clackmannan.	Nairn.
Cornwall.	Northumberland.
Derby.	Oxford.
Devon.	Peebles.
Dorset.	Roxburgh.
Dumfries.	Selkirk.
Durham.	Shropshire.
East Suffolk.	Somerset.
Edinburgh.	Stafford.
Elgin.	Stirling.
Essex.	Surrey.
Fife.	Wigtown.
Hampshire.	Worcester.
Hereford.	Yorkshire.

386 (three hundred and eighty six) meetings have been held in England, and 163 (one hundred and sixty three) in Scotland.

The total attendances at the meetings numbered approximately 89,000 (eighty nine thousand) an average of 163 (one hundred and sixty three) at each meeting.

This contrasts favourably with the average attendances at the meetings of the previous year which numbered just over 100 (one hundred).

TUBERCULOSIS EXHIBITIONS.

IN ADDITION, Tuberculosis Exhibitions were held in :—

Aberdeen.	Ipswich.
Barking.	Kensington.
Battersea.	Leeds.
Bebington.	Leyton.
Bethnal Green.	Maidstone.
Blandford.	Maltby.
Bridport.	Nairn.
Dorchester.	Salford.
Dudley.	Sherborne.
Elgin.	Shoreditch.
Forres.	Stourbridge.
Glossop.	Tynemouth.
Grimsby.	West Ham.
Hyde.	Wimborne.
Inverness.	York.

The Tuberculosis Exhibitions were attended by approximately 246,000 (two hundred and forty six thousand) people. In the case of nearly every exhibition, a Medical Commissioner was present, to give informal talks and to answer questions put by visitors at the stall. As a rule school children attended in groups with their teachers. Talks and demonstrations were given to them.

The period of time covered by all the exhibitions was about 150 (one hundred and fifty) days.

At these meetings the National Association has endeavoured to impart a useful amount of information about tuberculosis to the general public, on various points, particularly the following :—

1. The extent of the tuberculosis problem and the hopeful prospects of stamping out the disease.
2. The essential cause of tuberculosis and the contributory factors.
3. The problem of infection in careless or untrained cases, as contrasted with that of the careful patient, trained in the methods of prevention.
4. The methods of prevention, including the problem of obtaining a clean and tubercle-free milk supply.
5. The importance of early diagnosis and of early and sustained treatment. The curability of the disease.
6. The warning signs and symptoms.
7. The component and co-ordinated parts of the National Tuberculosis Scheme and the facilities available to the public thereby.
8. The needs of the dependent tuberculous invalid.

DETAILS OF MEETINGS.

Dr. S. G. Peill.

1928—1929.

London.

June 4th—9th, 1928.

Battersea Exhibition.

Kent.

June 9th, 1928.

Maidstone Exhibition.

Surrey.

June 12th—July 20th, 1928.

Bletchingley.
Tandridge.
Tatsfield.
Barnes.
Hurst Green.
Guildford.
Blindley Heath.
Epsom.
Limpsfield.
Lingfield.
Chilworth.
Bletchingley.
Warlingham.
Whyteleaf.
Burrow Hill.
Shere.
Westcott.
Guildford.
Wotton.
Shamley Green.
Heath End Sanatorium.
Coulsdon School.
Ash.
Coulsdon.

DR. S. G. PEILL—*continued*.

Hertfordshire.

Sept. 3rd—14th, 1928.

St. Albans.	Sawbridgeworth.
Buntingford.	Hatfield.
Stevenage.	Cheshunt.
Harpenden.	Hemel Hempstead.
Much Hadham.	

London.

Sept. 17th—20th, 1928.

Bethnal Green Exhibition.

Hertfordshire.

Sept. 21st—29th, 1928.

Baldock.	Rickmansworth.
Berkhamstead.	Hitchen.
Watford.	Barnet.
Hertford.	Royston.

London.

Oct. 1st—6th, 1928.

Shoreditch Exhibition.
Lecture at Crondal Street School
„ Curtain Road School
„ Wenlock Road School
„ Redvers Street School
„ Exhibition

Hertfordshire, Surrey and London.

Oct. 8th—13th, 1928.

Bishop's Stortford, Herts.
Kensington, London.

DR. S. G. PEILL—*continued.*

Hertfordshire, Surrey and London—
continued.

Richmond, Surrey.
Ash, Surrey.
Kensington, London.

Essex.

| Oct. 9th—13th, 1928.

Barking Exhibition.

London.

Oct. 9th—11th, 1928.

Kensington Exhibition.

Oct. 16th, 1928.

Lecture to Group of East London
Railway Clerks.

Surrey.

Oct. 17th—18th, 1928.

Surbiton. Oxted.

Suffolk.

Oct. 20th, 1928.

Ipswich

London, Surrey and Essex.

Oct. 22nd—Nov. 8th, 1928.

West Ham Exhibition.

” ” ”

Lecture at
Soap Factory.

London, Surrey and Essex—
continued.

Redhill, Surrey.
West Ham Exhibition.
” ” and Lecture.
East Molesey, Surrey.
West Ham Exhibition.
Kingston, Surrey.
Purley ”
Leyton Exhibition, Essex.

Cornwall.

Nov. 8th, 1928.

Lostwithiel.

Essex.

Nov. 9th—10th, 1928.

Leyton Exhibition.

Kent.

Nov. 13th—Dec. 8th, 1928.

Maidstone.	Lenham.
Chatham.	Bexley Heath.
Sheerness.	Dunton Green.
Gillingham.	Swanley.
Faversham.	Swanscombe.
City of Rochester.	Westerham.
Sandgate.	Hartley.
Dover.	Farningham.
Margate.	Erith.
Northfleet.	Dartford.
Ramsgate.	Canterbury.
Sittingbourne.	Edenbridge.

Essex.

Jan. 10th—Feb. 8th, 1929.

Colchester.	Maldon.
Leyton.	Romford.

DR. G. S. PEILL—*continued*.

Essex--*continued*.

Becontree.	Halstead.
Grays.	Ilford.
Rochford.	Dunmow.
Walthamstow.	Braintree.
Saffron Walden.	Ongar.
Dovercourt.	Epping.

Devonshire.

Feb. 12th—Mar. 28th, 1929.

Ilfracombe.
Barnstaple.
Appledore.
Bideford.
South Molton.
Torrington.
Holsworthy.
Ide.
Bampton..
Tiverton.
Crediton.
Ottery St. Mary.
Hawkmoor Sanatorium.
Axminster.
Seaton.
Sidmouth.
Budleigh Salterton.
Exmouth.
Okehampton.
Dawlish.
Chudleigh.
Newton Abbott.
Ashburton.
Kingsbridge.
Teignmouth.
Paignton.
Totnes.
Brixham.
Torquay.
Salcombe.
Buckfastleigh.
Plympton.
Yelverton.
Tavistock.

London.

April 4th—8th, 1929.

Mile End.	Clapham.
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Oxfordshire.

April 9th—26th, 1929.

Watlington.	Charlbury.
Wheatley.	Islip.
Eynsham.	Hook Norton.
Bampton.	Chipping Norton.
Witney.	Henley.

East Suffolk.

April 30th—May 17th, 1929.

Southwold.	Halesworth.
Woodbridge.	Saxmundham.
Aldeburgh.	Framlingham.
Lowestoft.	Debenham.
Beccles.	Eye.
Lowestoft.	Stowmarket.
Bungay.	Leiston.
Lowestoft.	

Buckinghamshire.

May 28th, 1929.

Stoney Stratford.

Essex.

May 31st, 1929.

Waltham Abbey. Upshire.

Dr. Harley Williams.

1928—1929.

Inverness-shire, Elgin and Nairn.

June 1st—July 17th, 1928.

Portree, Inverness-shire.
Broadford „

DR. HARLEY WILLIAMS—*continued*.

Inverness-shire, Elgin and Nairn—
continued.

Morar, Inverness-shire.
Mallaig „
Fort William „
Spean Bridge „
Invergarry „
Roy Bridge „
Fort William „
Lochailort „
Spean Bridge „
Inverness Exhibition. Town Hall.
Grantown on Spey, Elgin.
Nairn.
Nairn School.
Forres, Elgin.
Elgin Town Hall.
Lossiemouth, Elgin.
(Exhibits were on view at Nairn two
days, at Forres two days and at Elgin
seven days.)
July 18th, 1928. Aberlour, Banffshire.
July 19th, 1928. Archiestown,
Morayshire.
July 23rd, 1928. Advie, „

Aberdeenshire.

July 27th—Aug. 6th, 1928.

City Hospital, Aberdeen Exhibition.
Aboyne.

Aberdeenshire and Banffshire.

Sept. 11th—26th, 1928.

Udny, Aberdeenshire.
Huntly „
Keith, Banffshire.
Rothiemay „
Tarland, Aberdeenshire.
Strichen „
Peterhead „
Fraserburgh „

Aberdeenshire and Banffshire—
continued.

Banff, Banffshire.
Dufftown „
Inverurie, Aberdeenshire.
Aberdeen Nurses.

Ayrshire.

Oct. 2nd—12th, 1928.

Kilmarnock. Saltcoats.
Prestwick. Cumnock.
Ayr.

Wigtownshire.

Oct. 18th—31st, 1928.

Newton Stewart. Glenluce.
Wigtown. Stranraer
Whithorn. Sandhead.
Portwilliam. Kirkcolm.
Kirkowan. Stranraer.

Kirkcudbrightshire.

Nov. 6th—10th, 1928.

New Galloway.
Kirkcudbright.
Castle Douglas.
Dalbeattie.
Gatehouse of Fleet.

Dumfries-shire.

Nov. 12th—Dec. 4th, 1928.

Sanquhar.
Kirkconnel.
Wallaceha Academy.
Thornhill.
Moniave.
Dumfries

DR. HARLEY WILLIAMS—*continued*.

Dumfries-shire—*continued*,

Moffat.
Lockerbie.
Lochmaben.
Annan.
Gretna.
Langholm.
Lochmaben Sanatorium.
Southfield Sanatorium Colony,
Edinburgh.

Berwick, Selkirk and Roxburgh.

Dec. 7th—14th, 1928.

Earlston, Berwick.
Galashiels, Selkirk.
Kelso, Roxburgh.
Melrose, Roxburgh.
Jedburgh, Roxburgh.

Berwick, Selkirk and Roxburgh.

Jan. 15th—26th, 1929.

Galashiels, Selkirk.
Selkirk, Selkirk.
Hawick, Roxburgh.
Ayton, Berwick.
Greenlaw, Berwick.
Polwarth, Berwick.
Lauder, Berwick.

Haddington.

Jan. 30th, 1929.

East Fortune Sanatorium.

Edinburgh, Peebles, Stirling and Fife.

Jan. 31st—Feb. 23rd, 1929.

Bonnyrigg, Edinburgh.
Manor Valley Sanatorium, Peebles.
Peebles.

Edinburgh, Peebles, Stirling and Fife
—*continued*.

Innerleithen, Peebles.
Larbert, Stirling.
Stirling, Stirling.
Edinburgh.
Edinburgh School of Domestic
Cupar Asylum, Fife. [Economy.
Stirling.

Clackmannanshire.

Feb. 24th—27th, 1929.

Alloa. Dollar.
Tillicoultry. Alva.

Kinross and Fife.

Mar. 5th—April 4th, 1929.

Cupar, Fife.	Ceres,	Fife.
Kinross.	Leslie	„
Milnathort, Kinross.	Anstruther	„
Lochgelly, Fife.	Dunfermline	„
Dunfermline „	Kirkcaldy	„
Lumphinnans „	Kelty	„
Glencraig „	St. Andrews	„
Cardenden „		
Markinch „		

Perthshire.

April 6th, 1929.

Perth Midwives Association.

Fife.

April 7th—11th, 1929.

Dunfermline.
Glenlomand Sanatorium Staff.
Thornton.
Burntisland.

DR. HARLEY WILLIAMS—*continued*.

Argyllshire.

April 16th—19th, 1929.

Ardishaig.	Kilmartin.
Lochgilthead.	Tarbert.

Inverness-shire.

April 24th—May 26th, 1929.

Lochmaddy, N. Uist.
Tigharry "
Sollas "
Bayhead "
Carinish "
Lochmaddy "
Benbecula Island.
Gerinish, S. Uist.
Howmore.
Garynamornie, S. Uist.
Eochar "
Stoneybridge "
Daliburgh "
Lochboisdale "
Castlebay, Barra Island.
Vatersay Island
Northbay, Barra Island
Eoligarra " "
Castlebay " "
Brevig " "
Tarbert, Harris.
Scarista School, Harris.
Leverburgh "

Ross-shire.

May 27th, 1929.

Plockton.

Dr. James Holroyd.

1928—1929.

Northumberland.

June 6th—August 2nd, 1928.

Whitley Bay.	Gosforth.
Pegswood.	Dudley.

DR. JAMES HOLROYD—*continued*.

Northumberland—continued.

Cramlington.	Dinnington.
Annitsford.	Blythe.
Bedlington.	Stakeford.
Seaton Burn.	Barrasford.
Hexham.	Haydon Bridge.
North Seaton.	Wylam.
Newbiggin-by-Sea.	Corbridge.
Guideport.	Felton.
Ponteland.	Workworth.
Bellingham.	Alnmouth.
Wallsend.	Ashington.
Earsdon.	Broomhill.

Durham.

Sept. 5th—14th, 1928.

Herrington Burn.	Penshaw.
Washington.	Consett.
Fencehouses.	Craghead.
East Rainton.	Langley Park.

York.

Sept. 17th—23rd, 1928.

York Exhibition.

Durham.

Sept. 24th—Oct. 5th, 1928.

Birtley.	Sunderland.
Sacrison.	Marsden.
Nettlesworth.	Chester-le-Street.
Boldon Colliery.	Hetton-le-Hole.

Northumberland.

Oct. 7th—13th, 1928.

Tynemouth Exhibition.

Lecture at Wesleyan Memorial Church.
" " Rotary Club.
" " Exhibition.

DR. JAMES HOLROYD—*continued.*

Northumberland and Durham.
Oct. 15th—Nov. 16th, 1928.

Pelton, Durham.
Sunderland „
Jarrow „
Hebburn „
Durham.
Newcastle, Northumberland. Angus
Watson Inst.
„ „ Unity Hall.
„ „ Brotherhood
Hall, Byker.
„ „ Carnegie Hall.
„ „ Co-operative
Cafe.
Rotherbury „
Blaydon, Durham.
Benwell „
Cornsay Colliery, Durham.
Delves „
Jarrow „
Lumley „
Waldridge „
Edmonsley „

Cheshire.
Nov. 19th—22nd, 1928.
Hyde Exhibition.

Derbyshire.
Nov. 26th—Dec. 1st, 1928.
Glossop Exhibition.

Lancashire.
Dec. 5th—15th, 1928.
Salford Exhibition.

Worcestershire.
Dec. 20th—21st, 1928.

Stourbridge.

Durham.
Jan. 3rd—Feb. 6th, 1929.
Wilton Park. Seaham.
Eldon Lane. Murton.
Howden-le-Wear. Shotton Colliery.
Evenwood. Thornley.
Crook. Trimdon.
Easington. Chilton.
Horden. Ferryhill.

Essex.
Feb. 14th, 1929.
Felstead.

Staffordshire.
Feb. 18th—20th, 1929.
Wolverhampton.

Oxfordshire.
March 6th—15th, 1929.
Thame. Burford.
Banbury. Bloxham.
Bicester. Cropredy.
Woodstock. Deddington.

Staffordshire.
March 19th—20th, 1929.
Stoke on-Trent. Burslem.

DR. JAMES HOLROYD—*continued*.

Shropshire.

March 21st—May 10th, 1929.

Market Drayton.	Much Wenlock.
Whitchurch.	Broseley.
Oswestry.	Dawley.
Wem.	Hadnall.
Ellesmere	Baschurch.
Newport.	Hanwood.
Oakengates.	Pontesbury.
Shifnal.	Condover.
Wellington.	Cleobury Mortimer.
Shrewsbury.	Market Drayton.
Church Stretton.	Condover.
Bishop's Castle.	Dorrington.
Ludlow.	Craven Arms.
Bridgnorth.	

Durham.

May 14th, 1929.

Darlington.

Hampshire.

May 16th, 1929.

Royal Portsmouth Hospital.

Dr. Macphail.

1928.

Lincolnshire.

Nov. 26th, 1928.

Grimsby.

Buckinghamshire.

Dec. 4th, 1928.

Aylesbury Infant Welfare Centre.

Dr. Nathan Raw.

1928.

Somerset.

Dec. 13th, 1928.

Bath.

Dr. William Brand.

1928—1929.

London.

June 4th, 1928.

Battersea Exhibition (with Dr. Peill).

Kent.

June 9th, 1928.

Maidstone Exhibition (with Dr. Peill).

Yorkshire.

Sept. 17th, 1928.

York Exhibition (with Dr. Holroyd).

Rome.

Sept. 27th, 1928.

Sixth Conference of the International
Union against Tuberculosis.

Essex.

Nov. 5th, 1928.

Leyton Exhibition (with Dr. Peill).

DR. WILLIAM BRAND—*continued*.

London.

Nov. 9th, 1928.

The Royal Horticultural New Hall

Edinburgh.

22nd Mar., 1929.

Tuberculosis Society of Scotland.

Lancashire.

Dec. 5th—15th, 1928.

Salford Exhibition (with Dr. Holroyd).

Cheshire.

April 17th—18th, 1929.

Bebington and Bromborough
Exhibition.

London.

Jan. 25th, 1929.

The Tuberculosis Association.

Exhibitions.

1928.

Oxfordshire.

Mar. 6th, 1929.

Thame (with Dr. Holroyd).

Oct. 15th—20th.

Ipswich Exhibition.

Oct. 21st—27th.

Maltby Exhibition.

Dorset.

Mar. 11th—23rd, 1929.

Wimborne. Bridport.
Blandford. Dorchester.
Sherborne.

Nov. 2nd—24th.

Leeds Training College for Teachers
Exhibition.

London.

Mar. 21st, 1929.

Kensington.

Nov. 19th—24th.

Shop Window Tuberculosis Exhibition,
Dudley (Worcs.)

APPENDIX II.

Synopses of Films.

THE INVISIBLE ENEMY (2,200 feet).

This story of a mother and son takes place in the beautiful castle of Marimont and its grounds. A veiled figure (the Invisible Enemy) is seen in the far distance gradually drawing nearer and finally entering the castle.

The mother sits by the bedside of her son, the heir to the property—he is dying of tuberculosis. Faintly, at first, then growing clearer, the veiled figure appears, and the son seeing it cries out: "Take my wealth, take all that I possess, but give me my life and health," but the figure vanishes.

The scene changes to the castle grounds once more and another visitor (the Doctor) arrives—as he has arrived day after day for two years.

The mother and doctor meet. In reply to her question he answers: "No change," and in despair she asks: "What have I done that I should be so cruelly punished?" And the doctor tells her gently that there are more causes than one responsible for the spread of this cruel disease, and that only those who had watched constantly over her child from infancy onwards could answer the question.

The heartbroken mother, ready to sacrifice everything, wanders restlessly from castle to park and from park to terrace and back to the hall of her castle where she sinks into a chair groaning: "There is no justice on earth."

Then, as in the bedroom, the symbolic figure appears gradually, touches her head and asks: "Shall I show you what has brought your son to this state?" And the mother makes a sign—yes.

The scene changes to the time when the son (now a young man) was a baby and the father and mother, proud of their infant, stand on each side of his cradle playing with him and fondling him. "In kissing him his father gave the baby the first infection, for your husband was tuberculous in those days, strong though he is now."

The germs of tuberculosis (called bacilli because they are shaped like rods) are carried in the phlegm (*magnified slide shown here*).

"The strong constitution of your child would probably have overcome the first infection, but the nurse, too, was tuberculous, she spread infection, not only by coughing and in kissing, but also by sucking the feeding bottle before giving it to the baby."

The mother is amazed. "It was your duty to inquire as to the health of the person to whom you entrusted your child. You should have noticed her dry cough; her anaemia; her loss of appetite; her tiredness."

The danger of living in contact with a tuberculous person is shown by an experiment—twenty glass sides are placed two yards from a consumptive who coughs and takes no trouble to prevent the spread of tubercle bacilli—they are found on all the slides.

A picture of a lung with a cavity—such cavities contain tubercle bacilli which are spat up by the patient. In this lies the great danger of the cough of the consumptive.

The mother cries "Alas ! I was ignorant of this terrible danger." And the figures replies : "It is just the ignorance of millions like yourself that causes the miseries of mankind—it is through ignorance that people daily commit crimes of which the victims are their own children."

Even after all this infection *early* treatment would have cured both the child and nurse—tuberculosis is not invincible—cholera and plague were once our masters and men, believing themselves powerless, submitted to their fate without an effort—but everyone must help if we are to conquer tuberculosis—ignorance and indifference help it to spread.

"Your child was exposed to infection in yet another way"—the film shows a consumptive beggar at a church door, he coughs, spitting on the pavement; the mother gives him some money; she walks, not seeing it, in the sputum; gets into the carriage and drives home.

The nurse and baby are in the nursery and the mother goes up to them—the sputum is still on her boot, though she did rub her feet on the mat before coming in—as she puts the child back on the floor after kissing him, some of the sputum is left on the floor; the baby finds it, puts his fingers in it and puts them in his mouth.

The horror-struck mother seeing this vision turns to the figure asking : "But if so many dangers threaten us how is it possible to escape all infection," and the reply comes : "It is not necessary to escape all infection, but one must diminish the chances of infection as far as possible and strengthen the body in order to increase the natural powers of resistance. The amount of tuberculosis revealed by post-mortem examinations is so great that *some* infection seems inevitable, but most of these people did not die of tuberculosis, the infection often passed unnoticed because their resistance was so good that they were able to overcome it. But what did your boy do? He undermined his health by overwork. Look at this vision of him as a school boy cramming his lessons, gathering up his books in haste, even from under the bed, helped by you, and dashing off down the street to the school.

Look again later on, how instead of increasing his natural resistance by a healthy diet, he prefers to eat sweets instead of his luncheon.

And again how he refuses to go boating on the castle lake with you and his father, and, instead, goes bicycling with a friend, dashing along dusty roads, overdoing his strength until at a fountain he stops for a drink and he and his friend pull out cigarettes and smoke.

All the infections to which your son, even in his cradle fell a victim, weakened his power of resistance, which in the end broke down.

Even then he could have been saved—when the doctor had examined and found him to be suffering from pulmonary tuberculosis his state was not hopeless. Many patients regain their health in sanatoriums or in their own homes, but he would not follow the doctor's advice.

"Oh, you who seem to know everything, tell me how to save my child," and the answer comes : "Too late."

The mother gazing at the veiled figure sees as in a vision her dying son and the castle which he will not live to inherit, and the figure divining her thoughts says gently : "You regard me as a cruel enemy and yet it is in

answer to your constant call that I come, seeking new victims. Will you, who are now enlightened, consecrate your broken life to save others from the danger to which, through ignorance, you fell a victim?"

It is a great and difficult task! But it will only be through the co-operation of an intelligent and enlightened people that humanity will conquer this disease.

With a little good will, and less indifference, nine out of ten could escape the fatal issue if only treatment were begun early enough and continued long enough.

Will you enlighten them and give them the knowledge by which they can avoid the mistakes of which you were the victim.

Remember that, taken in time, that is, when the disease is first suspected tuberculosis is curable and is often cured.

Teach them the benefits of open air and the consequences of bad habits. Teach them to protect themselves from dirt. Hygiene in living, hygiene in the house. Air, light, cleanliness—the human flower is of all flowers the one that needs the sun the most. Give your children health, that most precious of possessions! It is a social duty from the point of view of national interest and general well-being. Prevention is better than cure. Remember those words, "Too late," for then the science of medicine is powerless.

Go and teach the truth: "The Fate of Each Man is in his own Hands."

A DAY IN A SANATORIUM (1,450 feet).

(Brompton Hospital Sanatorium, Frimley.)

The word "Sanatorium" is but too well known to thousands in this country; but only the few, who have themselves had treatment in one, have any idea what the life is like, how the day is spent and in what the treatment consists.

Unfounded conceptions have arisen which do harm—by some a sanatorium is considered a gloomy place full of bed-ridden invalids; by others, a palace of ease and luxury where any benefit to health is more than counterbalanced by damage to character.

The result is that patients who are advised sanatorium treatment are often reluctant to consent while on the other hand these institutions do not meet with the hearty support they deserve.

It is to dispel this ignorance that this bright and attractive film has been taken, with the intention of showing patients that the life may be an active happy road to health, and of interesting their people by making them understand what their relations who are away for treatment are doing and what is happening to them.

The pictures show the everyday life at an actual institution.

The principle of treatment pursued and illustrated is that of rest followed by increasing graduated outdoor exercise and outdoor work.

The inner meaning of what is seen is carefully explained by descriptive text interspersed between the pictures.

But though the titles explain themselves, they will make excellent texts for a lecturer to enforce and expand, as the film is being put through.

There are 54 scenes of a very attractive and interesting character and 36 of the descriptive titles and text just mentioned.

The early scenes show the grounds and the exterior of the sanatorium which is a pleasing building placed among charming wooded surroundings with beautiful views.

These are followed by pictures of the interior, of the wards, the dining, and recreation halls.

After a few short titles giving the essentials of treatment, the day begins, and the life of the sanatorium is taken, hour by hour, showing what is doing in the various parts.

The life of those well enough to be up and take exercise is alternated with pictures of those who are confined to bed or largely resting.

Those who are fit rise at 6.45 and bed making is followed by breakfast. Vegetables are prepared for dinner and then exercise starts for those who are fit. Patients, men and women, are seen walking.

The next nine scenes deal with the treatment of patients, for whom rest is prescribed, in bed and on special balconies.

Then dinner, followed by rest, after which walking is resumed, or for those on the road to recovery, graduated labour.

The tests governing this system are explained and then follow 14 scenes showing the varied grades of graduated labour, starting with light garden work, then rolling and mowing, then general work on the land passing on finally to the heaviest work, tree-felling.

The next scenes show the pig farm which is run by the patients. Further examples follow of the results of useful work done by the patients in a large greenhouse built by them and a reservoir holding 500,000 gallons which patients excavated and constructed.

Women patients are shown doing similar but lighter work.

Next come half a dozen scenes of the recreations, indoor and outdoor, which cheer the patients after the day's work is done.

The recreation room, the reading room, and library (with view into Dutch garden), and the concert hall are shown, also games of croquet, clock-golf and bowls and a group of girls at a piano.

The final scenes are those of visiting days and holidays, e.g., a tea party on a bank holiday, and last, a farewell scene of patients leaving at the end of their treatment.

THE STORY OF JOHN M'NEIL (1,400 feet).

*(The Eradication of Tuberculosis on the
Edinburgh System.)*

The story shows how in dark, ill-ventilated tenements the death-rate from tuberculosis is highest. Here a "Tuberculosis Nest" is situated. Its inmates comprise John M'Neil, aged 44, a compositor; his wife Mrs. M'Neil, aged 37; their daughter Mary M'Neil, aged 17, a bookbinder; and their other two children, Angus and Flora, aged 12 and 10. Mrs. M'Neil is in an advanced stage of tuberculosis, infecting the others and treating herself with quack medicine.

Her daughter Mary knows better. She goes to The Royal Victoria Dispensary for the Prevention of Consumption, where she is examined and diagnosed. She has early disease, which may be suitably treated at the dispensary.

From the dispensary a nurse visits the infected home, discovers Mrs. M'Neil in bed, and sets about correcting the dangerous conditions. Later the dispensary doctor holds a "March Past" of the other members of the family, and finds Mrs. M'Neil to be gravely ill, beyond hope of recovery; John M'Neil to have moderately advanced disease, requiring sanatorium treatment; and Angus and Flora to be "tuberculous seedlings" for whom life at an open-air school is essential.

On these lines the dispensary doctor undertakes a direct and thorough-going attack on the disease. Mrs. M'Neil is removed to the City Hospital for Advanced Cases, where her symptoms are relieved and her life is brightened in the tuberculosis wards, and in the open-air shelters. The Medical Officer of Health meantime carries out disinfection of the home.

Angus and Flora are admitted to the open-air school, and John M'Neil is admitted to a sanatorium (The Royal Victoria Hospital). Here he passes through the various stages of sanatorium treatment—rest in bed; graduated walking and postural exercises; tuberculin treatment; graduated activity—grade A, raking, grade B, emptying garden boxes, grade C, cutting grass, and grade D, roadmaking.

As John M'Neil's case requires more prolonged treatment to ensure a permanent cure, he is transferred to The Royal Victoria Farm Colony, where he is received by the colony doctor, who takes him in hand for a year. He learns various departments of farm work, for example—growing flowers for market, rearing pigs, feeding poultry, and raising cabbages.

On returning home cured, he is offered through the colony doctor employment on a farm, and is soon at his new employment. The story closes with John M'Neil entering his fresh home, where he is joined by his children, now restored to health.

HOW TUBERCULOSIS IS CAUSED (950 feet).

"How Tuberculosis is Caused" is a scientific film, suitable for nurses, probationers, and health visitors. Many of the pictures have explanatory labels on the film and many of the features are made clear by a pointer. The film, however, is one which would form a good basis for an accompanying lecture.

The first picture shows, highly magnified in the phlegm, the rod-shaped microbe, the bacillus of tubercle, which is the cause of the disease.

The bacillus is non-mobile and is contrasted with the trypanosome, to which sleeping sickness is due, and which is shown in active movement in the blood.

Pictures of cultures of the bacillus of tubercle follow.

The effects of the bacillus on the lung are shown by means of the diseased lung (contrasted with a healthy one) of a guinea-pig.

X-ray pictures of the living chest follows, showing the transparent healthy lung, the movements of the heart and of the diaphragm, followed again by similar pictures of the human lung, healthy and tuberculous.

Films of miliary tubercle in the lung and of more advanced and destructive disease, with cavities, are next presented.

But victory is not necessarily on the side of the invaders, and the film goes on to deal with the means of defence which the body puts into action against the invading bacilli, and by which they can be overcome.

The defence is the work of special cells, among which are the white cells of the blood (leucocytes).

The circulation (highly magnified) of the cells of the blood in the vessels is shown and the movements of the heart together with the action of the leucocytes in dealing with invaders. The property of phagocytosis, by which the white cells surround and absorb the bacilli is illustrated.

Giant cells are pointed out and the fibrous capsule, formed from the massed cells, which walls off the area of disease and prevents its spread is demonstrated.

PRODUCTION OF CERTIFIED MILK (800 feet).

This film shows the methods in use at the Experimental Dairy Farm, Gracemount, under the Direction of the Royal Victoria Hospital Tuberculosis Trust for the Prevention of Tuberculosis.

"Certified milk," i.e., the highest grade of milk, tubercle-free, must be produced from cows which have passed a prescribed tuberculin test and veterinary examination.

The whole herd must be submitted to the tuberculin test at intervals of six months, and to veterinary examination not less than three times every year.

Every animal added to the herd must be tested immediately before admission.

The milk must be bottled on the farm and be delivered, bottled, to the consumer.

Certified milk must not at any time contain more than 30,000 organisms per c.c. or any coliform organisms in 0.1 c.c.

It should contain not less than 3.5 per cent. of butter fat.

Certified milk must not at any time during production be treated by heat.

In order to produce certified milk it is essential that the herd should lie under sound physiological conditions.

Accordingly, it is the practice of Gracemount Farm to have the cows outside daily, even during the winter months, as much as is feasible.

The cow-shed is large; and perfect lighting, æration and cleanliness are ensured.

The cows are groomed regularly and their hindquarters, tails and udders frequently clipped.

To prevent contamination during the process of milking, considerable care is exercised in the toilet of the cow.

The ever-restless tail is tied to the leg; and the flanks and udder are washed and dried by the herdsman.

The washing and drying of the udder is repeated by the milker, who pays more particular attention to the teats.

The milker's hands having been washed, the milking begins.

A special type of pail is used, closed at the top with an opening at the side, thus effectually preventing debris from falling into the milk.

The dry method of milking is adopted, no lubricant of any kind being used on the hands.

The first or fore-milk is discarded, as it is poor in quality and contains a large number of bacteria.

On completion, the milk of each cow is weighed and recorded.

It is then poured through a removable, sterilised chute into a sterilised tank inside the dairy.

Here the milk from several cows is mixed automatically, thereby ensuring a uniform product.

From the tank the milk gravitates over a sterilised cooling apparatus, through which there is a circulation of cold water.

This cools the milk quickly from approximately 100° F. to 50° F., thus further limiting risk of bacterial growth.

Thence the milk passes into a simple, sterilised bottling apparatus, arranged on syphon principle, and thereafter into sterilised bottles, which are immediately sealed and capped.

The caps are wired on by machine, so that the milk cannot be tampered with, until it reaches the consumer.

Each bottle has then the date stamped on it and is ready for immediate delivery.

Returned empty bottles are first cleansed by steeping in hot water and soda.

They are then separately brushed, outside and inside, by means of an electrically-driven brushing machine with a continuous flow of hot water.

Thereafter they are treated by means of an automatic hot spray.

Finally, they are subjected to steam sterilisation under pressure for twenty minutes.

Bottling apparatus, overalls, tanks, milk-pails, stools and all removable equipment in the dairy are sterilised after each milking.

The various stages of the process are shown in the film. For convenience, the clipping of the animal and the sterilisation of the bottles are introduced AFTER the milking process has been shown.

BURROW HILL COLONY (300 feet).

Jim Davidson, a tuberculous ex-soldier, had been to a sanatorium where he got much better, but not well enough for a full day's work. So the dispensary doctor arranged for him to go to Burrow Hill Colony where he will have further treatment and at the same time be trained in open-air work.

The first picture shows the dispensary Care committee discussing his future, and a member undertakes to visit him at the colony and report his progress to his mother.

Jim is then seen arriving at the colony and taken first to his cubicle and then to the medical superintendent for examination.

Pictures follow of life and work at the colony—breakfast—Jim's first lesson in hoeing—cultivating parsnips—working in the outdoor tomato beds and for a short time in a greenhouse erected by colonists—bunching radishes for the market.

Next the Care committee visitor is seen talking to him, then a picture of a lesson in bee-keeping.

He is later transferred to the poultry-keeping section and later again to the pig farm.

Rural carpentry—another course at the colony—is then illustrated.

The film ends with pictures of the tubercle-free herd of cows on the farm attached to the colony, which supplies all the milk for the institution.

AIR AND SUN (300 feet).

“The Common Sun, the Air, the Skies
To them are opening Paradise.”

(Gray)

The subject of this short but picturesque film is the benefit to be derived from air and sun, not only as a means of special treatment for the diseased, but generally in strengthening and hardening the delicate and weakly, by a return for the time to the natural life, which owing to the restrictions of modern conditions we have too largely lost.

The scenes are chiefly laid in Switzerland, which is shown not only as a land of winter, but as a land of the sun and of summer beauty.

Similar methods are being followed in our own country, but need wider application.

The film touches on adults, but deals chiefly with children, who have the greatest claim on our protective care.

It shows that in the case of delicate children their school life need not be interrupted, but that training of the mind and body can go hand in hand. Nature herself too will be an object lesson which must insensibly expand and improve the mind.

The early pictures show the invalid at rest under different conditions in the open, but with returning strength active pursuits, work, and sport take their place. We follow the children in their country rambles, at their games, their work in the fields and garden, and at their picnic meals. We see them also earnestly at their lessons in open-air schools. One cannot but be struck by their joy and interest in all they do, and by the activity and swing of all their movements. Fatigue seems unknown.

The life described is spent with the skin bare, and we see them hardening and bronzing till they brave the depths of winter without clothing, revelling amid ice and snow, skating, ski-ing and tobogganning.

APPENDIX III.

LIST OF LANTERN SLIDES.

Charge for hiring :—

30 slides (carriage extra)	-	-	-	-	-	-	s.	d.
							3	0

STATISTICAL.

1. Total deaths from some of the principal diseases. England and Wales, 1919-1923.
2. Mortality per million living from some of the chief causes of death. England and Wales, 1923.
3. Mortality per million living from some of the chief causes of death. London, 1923.
4. Tuberculosis—all forms: Death rates, 1861-1923. Males and Females. England and Wales.
5. Phthisis: Death rates, 1861-1923. Males and Females. England and Wales.
6. Decline in death rate from all forms of tuberculosis. England and Wales, 1871-1923.
7. Decline in death rate from phthisis: England and Wales, 1871-1923.
8. Death rate from pulmonary tuberculosis in England and Wales in each decade, 1871-1920.
9. Death rates from all forms of tuberculosis in the Metropolitan Boroughs, 1923.
10. Death rate from pulmonary tuberculosis in Scotland in each decade, 1871-1920.
11. Decline in death rate from all forms of tuberculosis: Scotland, 1871-1923.
12. Decline in death rate from phthisis: Scotland, 1871-1923.
13. Comparative mortality from all forms of tuberculosis, 1913-1921. London—Edinburgh—New York—Paris.
14. Deaths from tuberculosis. Under one year of age. England and Wales, 1923.
15. Deaths from tuberculosis. Ages, 1—4. England and Wales, 1923.
16. Deaths from tuberculosis. Ages, 5—9. England and Wales, 1923.
17. Deaths from tuberculosis. Ages, 10—14. England and Wales, 1923.
18. Percentage of bovine infection in certain forms of tuberculosis. Under 10 years of age. Over 10 years of age.
19. Percentage of bovine infection in certain forms of tuberculosis. All ages.
20. Male age incidence: Pulmonary tuberculosis in England and Wales, 1891-1900. Urban and Rural districts.
21. Female age incidence: Pulmonary tuberculosis in England and Wales, 1891-1900. Urban and Rural districts.
22. Urban age incidence: Pulmonary tuberculosis in England and Wales, 1891-1900. Males and Females.
23. Rural age incidence: Pulmonary tuberculosis in England and Wales, 1891-1900. Males and Females.
24. Age incidence: Pulmonary tuberculosis in London, 1891-1900. Males and Females.
25. Mortality from phthisis compared from that of all causes of death in various occupations, 1910-1912.
26. Tuberculosis and Housing: Comparison of death rate (all forms of tuberculosis in the Metropolitan Boroughs, 1923) with the number of rooms occupied per person. (Census, 1921.)
27. Death rates from tuberculosis, 1920. Counties, England and Wales.
28. Death rates from tuberculosis, 1920. County Boroughs, England and Wales.

SCIENTIFIC.

29. Cavity of thorax and diaphragm.
30. Front view of heart and lungs.
31. Heart and lungs (exterior).
32. Front view of cartilages of larynx: the trachea and bronchi.
33. Human lung.
34. Minute structure of lungs
35. Air cells and portion of lung magnified.
36. Human lung: section showing vascular supply of alveoli.
37. Human lung: section through infundibular; vascular supply.

SCIENTIFIC—continued.

38. Micrococci.
39. *Streptococcus pyogenes*.—C. G. P. of pus ($\times 1000$).
40. Chain forming micrococci. (Streptococci.)
41. *Staphylococcus pyogenes aureus*.
42. Pneumococcus (sputum).
43. X-ray of lung—chronic pulmonary T.B.
44. Ditto advanced pulmonary T.B. with spinal curvature.
45. *Bacillus typhosus*.
46. *Bacillus pneumoniae*. C. G. P. agar culture.
47. *Bacillus diphtheriae*. C. G. P. serum culture ($\times 1000$).
48. *Bacillus tuberculosis*.
49. *Bacillus tuberculosis*. C. G. P. from glycerine glucose.
50. Tubercle bacillus (sputum).
51. Tubercle bacilli in human sputa ($\times 1000$).
52. Tubercle bacilli in sputum ($\times 1000$) from case of ordinary pulmonary phthisis.
53. *Bacillus tuberculosis*. Pus from cavity.
54. *Spirillum cholerae asiaticae* C. G. P. agar culture. Forty-eight hours' growth ($\times 1000$).
55. Malaria: malignant parasite. "Ring forms."
56. Actinomyces.
57. Lung chronic fibroid phthisis.
58. Tubercle in lung, caseated and broken down.
59. Lung miliary tuberculosis
60. Tubercle in lung.
61. Tubercle bacilli in lung of inoculated rabbit.
63. Tubercular deposit in bone.
64. Tubercular process in cartilage.

NON-PULMONARY TUBERCULOSIS.

65. Child undergoing treatment by heliotherapy for abscess and correction of deformity.
66. Tuberculous disease of shoulder joint—X-ray.
67. Tuberculosis of the spine—Pott's disease.
68. Deformity in dorsal caries.
69. Tuberculous disease of the hip-joint, untreated.—Note the lordosis and flexion.
70. Tuberculous disease of the spine with marked deformity and emaciation.
71. Deformity as the result of tuberculous disease of the hip-joint.
72. Light treatment at Poplar Solarium.
73. Tuberculous abscess of knee.
74. Tuberculous foot with twenty-eight fistulas.
75. Early tuberculous disease of ulna and phalanx.—X-ray.
76. Tuberculous knee-joint.—X-ray.
77. Acute tuberculous disease of tibia and fibula.—X-ray.

Lord Mayor Treloar Cripples' Hospital,
Alton and Hayling Island.

78. A case of tuberculous disease of the spine in high plaster jacket. The jacket acts as an exoskeleton to take the place of the softened and diseased endoskeleton. The weight of the head is taken direct from the pelvis; note the moulding over the pelvis which makes this possible. The ventral window permits respiration and digestion to take place with comfort to the patient. This patient had severe tuberculous disease of cervical and upper dorsal spine and advanced tuberculous disease of both lungs. The photograph was taken fifteen years ago. The patient is now a healthy well-developed young woman earning her own living.
79. Tuberculous disease of the hip joint with considerable deformity and spinal lordosis and abscess formation.
80. The same patient as in 79. Deformity corrected. Leg fixed in a short plaster apica. (Note the moulding of the plaster.)
- This photograph was taken twelve years ago. The patient is now a healthy young woman earning her own living.
81. Patients suffering from acute tuberculous disease of the hip-joint receiving sun treatment on a solarium at the Treloar Cripples' Hospital, Alton.
NOTE: All children are educated while receiving treatment. These children are engaged in basket work.
82. Ambulant patients suffering from various forms of surgical tuberculosis at the Treloar Cripples' Hospital, Alton, setting out for sun treatment in the meadows and woods.
83. Sun treatment for ambulant patients in the meadows of the Treloar Cripples' Hospital, Alton.
84. Amongst the wild flowers at the Treloar Cripples' Hospital. Ambulant patients receiving treatment.
85. Ditto

Lord Mayor Treloar Cripples' Hospital —continued.

86. Sea bathing for ambulant patients suffering from surgical tuberculosis at the Marine Branch of the Treloar Cripples' Hospital, Sandy Point, Hayling Island. No form of treatment is more effective in safely raising the metabolism of patients. Following the bathe is a sun bath.
87. A group of tuberculous cripples on the sea-balcony at the Treloar Cripples' Hospital, Sandy Point, Hayling Island. Note the splendid muscular development this treatment produces.
88. Sun worshippers at the Treloar Cripples' Hospital, Alton. The child on the left had suffered from (1) tuberculous disease of the left hip-joint with extensive abscess formation. There is complete restoration of function of the leg with unimpaired movement. (2) Very extensive glands of the neck, which have now completely disappeared. (3) Lupus vulgaris of the ear, cheeks, chest, both arms and buttocks; now quite healed. (4) Blepharitis with intense photophobia; no trace remains. The child on the right suffered from (1) advanced lupus of face and neck. (2) Extensive lupus of buttock. (3) Lupus of leg. (4) Tuberculous disease of the right knee-joint. All these lesions are rapidly healing.
89. Balneotherapy at the Treloar Cripples' Hospital, Hayling Island. Ambulant patients undergoing this treatment. (1) Paddle as in photograph. (2) Later are sprayed with sea water. (3) Finally undergo complete immersion.
90. Sun treatment amongst the flowers at the Treloar Cripples' Hospital, Alton.
91. Gardening during sun treatment at the Treloar Cripples' Hospital, Sandy Point, Hayling Island. All these patients had suffered from severe tuberculous lesions. From right to left as follows: (1) Tuberculous disease of elbow and knee with abscesses. (2) Multiple tuberculous lesions, numerous abscesses and sinuses. (3) Tuberculous disease of hip and knee with numerous sinuses. (4) Tuberculous disease of the shoulder. (5) Spinal caries with abscess formation. (6) Not identified. (7) Tuberculous disease of spine (3 foci), double psoas abscess and tuberculous disease of both hips. (8) Tuberculous disease of knee. (9) Tuberculous disease of spine. (10) Tuberculous disease of knee and hip.
92. A solarium at the Treloar Cripples' Hospital, Sandy Point, Hayling Island.
93. Children who have suffered from severe surgical tuberculosis after a bathe at the Treloar Cripples' Hospital, Sandy Point, Hayling Island. After the bathe the children are taken into specially prepared pens protected by wattle hurdles. They are rubbed down before a brazier (seen in foreground), put their feet in a trough containing warm water, have a hot drink and then a sun-bath.
211. Child admitted with very widespread tuberculous infection, comprising parietal and frontal caries, cervical adenitis, tuberculous disease of both elbows, both wrists, both lungs, both hips, both knees, both ankles, with numerous abscesses and sinuses, and mesenteric tubercle with intestinal destruction.
212. The same child on completion of treatment.
213. Case of advanced tuberculous disease of the spine with marked deformity.
214. Same patient after treatment. Deformity corrected.
215. Case of advanced pyæmia, including parietal caries, septic arthritis of hip, osteomyelitis of both tibiae, septic arthritis of both ankle joints.
216. Same patient after treatment.
217. Black and white. Two cases of tuberculous disease of the spine with paraplegia and psoas abscess. The child on the left receiving sun treatment. The child on the right before such treatment was commenced.
218. Solarium at Alton.
219. Sun and Shade Balcony at Alton.
220. Sun treatment on the beach at Hayling Island.
221. Ditto.
222. Ditto.
223. Waving to a passing ship at Hayling Island.
224. Ambulant cases receiving sun treatment at Alton.
225. Recumbent case undergoing balneotherapy at Hayling Island. This patient is suffering from tuberculous disease of the shoulder and hip.
226. Immersion during balneotherapy for recumbent cases at Hayling.
227. Patient on stretcher about to be bathed at Hayling.
228. Artificial light treatment for recumbent cases at Alton. The lamp is a 75 Ampere Carbon Arc.
229. A corner of the artificial light department at Alton.
230. Tuberculous disease of the hip joint before treatment at Alton.
231. Ditto after treatment.
232. Tuberculous disease of the spine before treatment.
233. Ditto after treatment.
234. Tuberculous disease of the spine and pubis.
235. Ditto after treatment. Note the improved musculature.

Queen Mary's Hospital for Children, Carshalton (M.A.B.).

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|----------------------|---------------|
| 258. Out for a walk. | 261. At play. |
| 259. A morning ride. | 262. Ditto. |
| 260. In the garden. | 263. Ditto. |

Dr. Rollier's School in the Sun, Leysin.

- | | |
|---|---------------------------|
| 264. Children undergoing treatment. | 268. Class at work. |
| 265. Boys setting out for their class. | 269. Skating. |
| 266. Girls setting out for their class. | 270. Ski-ing. |
| 267. On the way to the class. | 271. At play in the snow. |

Bovine Tuberculosis.

- | | |
|--|---|
| 94. Specimen of tubercle bacilli in milk
($\times 1000$). | 96. Cows groomed before milking. |
| | 272. ditto. |
| 95. Tuberculous ulcers in intestine of cow. | 273. Milking, showing hygienic milk pail. |
| | 274. Automatic milker at work. |

SANATORIUM LIFE.

Brompton Hospital Sanatorium, Frimley :

Graduated rest :

- 97. Men patients resting.
- 98. Men patients in bed on verandah.
- 99. Women patients resting on lawn.

Graduated exercise and labour :

- 100. Men patients walking.
- 101. Women patients walking.
- 102. Women patients gardening.
- 103. Men patients at work in fruit garden.
- 104. Men patients clipping ivy.
- 105. Men patients haymaking
- 106. Men patients woodcutting.
- 107. Men patients putting up posts.
- 108. Men patients feeding pigs.

Recreation :

- 109. Men patients playing bowls.
- 110. Women patients playing croquet.
- 111. Women patients preparing vegetables for dinner.

How consumptives built a reservoir :

- 112. Land before it was cleared.
- 113. Patients excavating and clearing away gravel.
- 114. Excavation completed : 500 tons earth removed.
- 115. Mixing concrete and putting at the bottom.
- 116. Reservoir completed : capacity 500,000 gallons.

COLONY LIFE.

Burrow Hill Colony, Frimley :

- 236. Entrance to Colony.
- 237. View from Colony buildings.
- 238. Sanatorium block : exterior.
- 239. Sanatorium block : interior.
- 240. Dining Hall : exterior.
- 241. Dining Hall : interior.
- 242. Patients at dinner.
- 243. Working in Market Garden (close up).

- 244. Working in Market Garden (showing buildings).
- 245. Ditto (distant).
- 246. Working in Carpenters' Shop.
- 247. Building garden shed.
- 248. Poultry runs built by patients.
- 249. View of estate.
- 250. Some of the tubercle-free dairy herd.
- 251. Visit of H.R.H. The Duke of Connaught : walking through grounds.
- 252. Ditto inspecting the trainees.

OPEN-AIR SCHOOLS.

Kensal House (L.C.C.).

- 117. Classes at work.
- 118. Resting.
- 119. Making models.
- 120. Gardening.
- 121. At play.
- 122. Ditto.
- 123. Ditto.

St. Pancras School (L.C.C.).

- 253. A class.

Birley House (L.C.C.).

- 254. A class.
- 255. A class working in shelter.
- 256. Gardening.
- 257. At play.

“BREATH OF LIFE,” “SLUM LIFE,” ETC., SERIES.

- | | |
|--|---|
| 145. London children at play in open air. | 178. London Slum Life.—A dark and sunless court. |
| 146. Ditto. | 180. London Slum Life.—Bedroom made as hygienic as possible where consumptive patient is now living. |
| 147. Ditto. | 181. London Slum Life.—Interior of kitchen: a dirty, airless room inhabited by a consumptive woman. |
| 150. The anæmic work girl of our towns. | 182. London Slum Life.—Consumptive patient making use of back garden to carry out open-air treatment. |
| 151. Look at the fisher-lass and see the contrast. | 189. A baby's comforter with flies settling on it. |
| 158. The poor fishermen hardly ever contract consumption. | 190. Illustrated cartoon showing the dangers of putting milk near the sink. |
| 159. Engine drivers are comparatively free from consumption. | 191. Chart showing the amount of air required for ventilating purposes. |
| 161. In hospitals there is always a stream of fresh air. | 192. Diagram showing air-currents in a room warmed by an open fire. |
| 162. A whole street without a window open. | 193. The house-fly. |
| 164. Cleaning their houses but never opening the windows. | 194. Pocket spittoons. |
| 165. Windows closed and covered up with blinds and curtains. | 200. Hygienic cottages. |
| 166. Fireplaces which ventilate and warm the air. | 203. Convicts' cells. Often better lit and ventilated than some slum rooms. |
| 167. Fresh air carefully excluded from the bedroom. | 209. Banana cradle. |
| 173. Clouds of smoke are often made, but quite unnecessary. | 210. Infant feeding bottles, new and old. |
| 176. No smoke wasted in some of our towns. | |
| 177. Even the moor, the heather and ferns suffer from smoke. | |

APPENDIX IV.

Price List of Publications, Films, and Lantern Slides.

LEAFLETS.

- No. 1. How to prevent Tuberculosis.
 No. 3. Milk and Tuberculosis
 No. 5. Diet in Tuberculosis.
 No. 7. Leaflet for those who have been in a Sanatorium.
 No. 8. Disinfection.
 No. 9. Hints on the Management of Children from 1 to 5 years of age.
 No. 10. Hints on the Care of Children of School Age.
 Per 1,000, £1 15s. 0d. Carriage extra.
 Per 100, 5s. 0d., per doz., 1s. 0d. Post free.

- No. 2. Fresh Air and Sunlight.
 Per 1,000, £1 5s. 0d. Carriage extra.
 Per 100, 3s. 0d., per doz., 6d. Post free.

HANDBILLS.

- Early Signs of Tuberculosis.
 Rules for Consumptives.
 Per 1,000, 10s. 0d. Carriage extra. Per 100, 1s. 0d. Post free.

POSTERS.

- Eight Coloured Posters - - - - - 1/- each.

POST CARDS.

- Eight Coloured Post Cards - - - - - - 1d. each.

VARNISHED CARDS.

- Prohibition of Spitting - - - - - - Per doz., 6s. 0d.

CARDS (UNVARNISHED).

							£	s.	d.
1. Prohibition of Spitting									
2. Prevention of Consump- tion.	1000 copies	...	...	...	...	...	2	5	6
	100	„	...	...	...	...	0	8	3
3. How to Keep Well.	12	„	...	..	..	..	0	2	0

STATISTICAL CHARTS.

Set of 26 Statistical Charts, loose leaf in covers, 2s. 6d.

1. Total Deaths from some of the Principal Diseases. *ENGLAND AND WALES*, 1919-1923.
2. Mortality per million living from some of the chief causes of death. *ENGLAND AND WALES*, 1923.
3. Mortality per million living from some of the chief causes of death. *LONDON* 1923.
4. Tuberculosis — All forms: Death-rates, 1861-1923. Males and Females. *ENGLAND AND WALES*.
5. Phthisis—Death-rates 1861-1923. Males and Females. *ENGLAND AND WALES*.
6. Decline in Death-rate from all forms of Tuberculosis. *ENGLAND AND WALES*, 1871-1923.
7. Decline in Death-rate from Phthisis. *ENGLAND AND WALES*, 1871-1923.
8. Death-rate from Pulmonary Tuberculosis in *ENGLAND AND WALES* in each Decade, 1871-1920.
9. Death-rates from all forms of Tuberculosis in the *METROPOLITAN BOROUGH*S, 1923.
10. Death-rate from Pulmonary Tuberculosis in *SCOTLAND* in each Decade, 1871-1920.
11. Decline in Death-rate from all forms of Tuberculosis. *SCOTLAND*, 1871-1923.
12. Decline in Death-rate from Phthisis. *SCOTLAND*, 1871-1923.
13. Comparative Mortality from all forms of Tuberculosis, 1913-1921. *LONDON—EDINBURGH—NEW YORK—PARIS*.
14. Deaths from Tuberculosis—under one year of age. *ENGLAND AND WALES*, 1923.
15. Ditto ditto ditto Ages 1-4.
16. Ditto ditto ditto Ages 5-9.
17. Ditto ditto ditto Ages 10-14.
18. Percentage of Bovine Infection in certain forms of Tuberculosis. Under 10 years of age; over 10 years of age.
19. Percentage of Bovine Infection in certain forms of Tuberculosis. All ages.
20. Male Age Incidence: Pulmonary Tuberculosis in *ENGLAND AND WALES*, 1891-1900. Urban and Rural Districts.
21. Female Age Incidence: Pulmonary Tuberculosis in *ENGLAND AND WALES*, 1891-1900. Urban and Rural Districts.
22. Urban Age Incidence: Pulmonary Tuberculosis in *ENGLAND AND WALES*, 1891-1900. Males and Females.
23. Rural Age Incidence: Pulmonary Tuberculosis in *ENGLAND AND WALES*, 1891-1900. Males and Females.
24. Age Incidence: Pulmonary Tuberculosis in *LONDON*, 1891-1900. Males and Females.

25. Mortality from Phthisis compared with that of all Causes of Death in Various Occupations. 1910-1912.
26. Tuberculosis and Housing: Comparison of Death-rate (all forms of Tuberculosis in the *METROPOLITAN BOROUGH*S, 1923) with the number of rooms occupied per person. (Census, 1921.)

OTHER PUBLICATIONS.

Transactions of Tuberculosis Conferences :—1919, 10s. ; 1920, 12s. 6d. ; 1923, 15s. ; 1924, 6s. ; 1925, 7s. 6d. ; 1926, 7s. 6d. ; 1927, 7s. 6d. ; 1928, 7s. 6d.

Transactions of Second International Conference (London), 1921 :—15s. 0d.

Handbook of Tuberculosis Schemes for Great Britain and Ireland :—7s. 6d. (5th Edition).

Annual Reports :—1s. 0d.

Historical Sketch, 1898-1926 :—1s. 0d.

HIRE OF FILMS.

	Approximate Length	Per Night			Per Week		
		£	s.	d.	£	s.	d.
" The Invisible Enemy "	2,200 ft.	1	11	6	8	0	0
" Life in a Sanatorium "	1,450 ft.	1	1	0	5	0	0
" The Story of John M'Neil "	1,400 ft.	1	1	0	5	0	0
" How Tuberculosis is caused "	950 ft.	0	10	6	2	0	0
" The Production of Certified Milk "	800 ft.	0	10	6	2	0	0
" Burrow Hill Colony "	300 ft.	0	5	0	1	0	0
" Air and Sun "	300 ft.	0	5	0	1	0	0

Carriage extra in all cases.

For Synopses of Films see Appendix II.

HIRE OF LANTERN SLIDES.

Per 30 slides per Lecture 3s. 0d. plus carriage.

For List of Slides see Appendix III.

APPENDIX V.

BURROW HILL SANATORIUM COLONY, FRIMLEY.

Report of the Resident Medical Superintendent.

I have pleasure in submitting the seventh Annual Report of Burrow Hill Colony. This report dealing with the year 1928 is the record of a period of transition.

Since the termination of the Ministry of Pensions Training Scheme at the close of 1924, the Colony has been open to civilians as well as to ex-service men. The civilians were mainly patients requiring sanatorium treatment, and the majority of them were drawn from the County of Surrey. The opening of the Surrey County Sanatorium last summer thus implied the cutting off of our main source of supply of patients.

For some time previously the Council had under consideration the advisability of adapting the Colony for the treatment of tuberculous youths for whom hitherto there has been a lack of special provision. Accordingly, after the transfer of our Surrey patients to the new County Sanatorium at Milford, the Colony closed for re-organisation on 30th November.

Of the past year there is little to say. As was natural under the circumstances the number of patients admitted has been comparatively small. A glance at the statistical tables will show that those admitted during the year were mainly cases of an advanced type.

The Colony re-opens in the Spring of 1929 when youths between the ages of 14 and 19 years will be admitted for long period treatment and technical education. The facilities provided are primarily intended for youths suffering from pulmonary tuberculosis in whom permanent arrest of the disease is ultimately likely to be secured, and who are in need of and temperamentally fitted for technical education, but cases of glandular tuberculosis without sinuses or of tuberculous disease of bones and joints no longer requiring active orthopaedic treatment will also be eligible for admission.

The re-organisation of the Institution under these new conditions may be described as an experiment designed to meet the requirements of the adolescent male suffering from tuberculosis. A special institution for lads of the age group specified is desirable for two reasons. In the first place it is better that boys of this age should not be associated with adult patients during their period of treatment, and secondly it is important that some attempt should be made to fit these boys for taking up work at the completion of their treatment.

As distinct from the training schemes of the past, the present experiment aims at a high standard of technical instruction. Instead of offering training in several branches of work, it has been decided to provide facilities for instruction in two occupations only. It is felt that much will be gained in efficiency by thus concentrating on two lines of activity. Having in mind the requirements of both town and country youths it has been thought advisable to choose an indoor as well as an outdoor occupation. The two occupations selected are Clerical Work and Gardening.

In order to ensure efficiency the courses of instruction will be conducted under the aegis of the Surrey Educational and Agricultural Authorities. General education will also play an important part in the scheme.

Considerable structural alterations have been rendered necessary by the changed character of the Institution, and the execution of these is now in progress. The alterations will provide for the new educational facilities and will also allow of closer supervision of patients.

A most promising feature of this new departure is the treatment of pulmonary tuberculosis in the adaptability of the age period under consideration. Healthy youths of this age are normally learning a trade or occupation and it seems most desirable to provide some substitute for the usual apprenticeship of adolescence, when the unfortunate subject is debarred from an ordinary training by the necessity of undergoing treatment for tuberculosis.

Experience gained both with ex-service men sent for training and with civilians admitted for treatment has shown clearly that the younger patients are those who can best avail themselves of the opportunities which are offered at the Colony. It is thus with a hopefulness based upon experience that we look forward to the inception of the new scheme in 1929.

The following Tables of statistics cover the period from 1st January to 30th November, 1928.

Table 1—Showing number of patients admitted and discharged during the year.

	In Residence Jan. 1, 1928.	No. Admitted.	No. Discharged.	In Residence Jan. 1, 1929.
Number of Cases	55	110	165	Nil

Table 2—Showing sources from which patients were drawn.

						No. of Cases.
London County Council	...	...	...	...	...	38
Surrey County Council	...	...	...	...	...	72
						<hr/> 110

Table 3—Showing occupations of patients admitted.

Apprentice, Electrician's	...	1	Metal Polishers	...	...	...	2
Bricklayer	...	1	Motor Drivers	...	...	...	2
Bookbinder	...	1	Motor Engineers	...	...	...	6
Boot Maker	...	1	Musician	...	...	...	1
Builder's Foreman	...	1	Painters	...	...	...	3
Bus Driver	...	1	Press Tool Maker	...	...	...	1
Butler	...	1	Printers	...	...	...	2
Caddy Master	...	1	Porters	...	...	...	5
Carman	...	1	P. O. Telephone Worker	...	...	...	1
Carpenter	...	1	Pointsman, Tramway	...	...	...	1
Clerks	...	10	Publican	...	...	...	1
Commissionaire	...	1	Railway Workers:—				
Cooks	...	2	Carriage Cleaner	...	...	...	1
Draughtsman	...	1	Engine Fitter	...	...	...	1
Electricians	...	5	Platelayer	...	...	...	1
Farm Labourers	...	2	Porter	...	...	...	1
Fishmonger	...	1	Sailor, R.N.	...	...	...	1
Footman	...	1	Sign Maker...	...	...	...	1
Garden Boy	...	1	Soldiers, Regular	...	...	...	2
Groundsmen	...	3	Shop Assistants	...	...	...	3
Hair Dresser	...	1	Stokers	...	...	...	2
Haulage Contractor	...	1	Stonemason	...	...	...	1
Instrument Maker...	...	1	Tailor	...	...	...	1
Insurance Agent	...	1	Turner	...	...	...	1
Kennel Man	...	1	Waiter	...	...	...	1
Labourers	...	14	Warehousemen	...	...	...	4
Laboratory Assistant	...	1					
Leather Worker	...	1					
Male Nurse...	...	1					
Messengers	...	5					
							110

Table 4—Showing approximate duration of illness of patients admitted.

Duration.	Months.		Years.										
	1-6	6-12	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	Over 10	
No. of Cases	19	13	22	10	6	9	6	2	4	3	6	10	
Duration.	Average.		Maximum.		Minimum.								
	$4\frac{3}{12}$		11 years.		4 weeks.								

Table 5—Showing quinquennial age periods of patients admitted.

Age Groups.		No. of Cases.		Age Groups.		No. of Cases.	
15—20	11	50—55	...	...	8
20—25	20	55—60	...	...	5
25—30	14	60—65	...	...	1
30—35	14				
35—40	10				
40—45	11				
45—50	16				
				TOTAL	...	...	110

Table 6—Showing presence or absence of tubercle bacilli in expectoration.

No. of Cases	Positive	...	92	Negative	...	18
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Table 7—Showing duration of residence (in days) of patients discharged.

Average.	Maximum.	Minimum.
148	588	15

Table 8—Showing results of treatment of patients discharged.

Improved	...	...	...	...	...	...	...	139
No change	...	...	...	...	...	...	...	14
Worse	...	...	...	...	...	...	...	6
Died ...	...	...	...	...	...	...	...	6
TOTAL								165

APPENDIX VI.

The Secretary will be glad to be notified of any errors that may occur in these lists.

LIFE MEMBERS.

Anderson, Dr. Drysdale
Anderson, Mrs.
Astor, The Viscount

Frankish, Mrs.
Franklin, Ellis A.

Pain, Arthur C.
Pearson, S. Vere, M.B.
Perkins, Mrs.
Phillips, Sir Lionel, Bt.

Bannerman, G. L.
Barkworth, Miss
Barlow, Sir Thomas, Bart.,
K.C.V.O., M.D.
Barton, S. Saxon, O.B.E., L.R.C.P.
Bathurst, Hon. W. R.
Beatson, Sir George, K.C.B.,
K.B.E., M.D.
Bennett, Sir William H.,
K.C.V.O., F.R.C.S.
Blount, Miss M.
Bonn, Leo.
Bothwell, Miss
Broadbent, Miss
Broadbent, Walter, M.D., F.R.C.P.
Brock, G. Sandison, M.B.E., M.D.
Browne, Rev. E. L.
Burrell, L. S. T., M.D., F.R.C.P.
Butterworth, Sir Alexander Kaye

Gilchrist, James C., M.B.
Giles, Rev. Edward
Gillespie, John R., M.A., M.D.
Green, Forster

Hasties, Messrs.
Heaf, Frederick, M.B.
Henley's Telegraph Works Co.,
Ltd., W. T.
Henry, Miss Frances
Herbert, Arthur

Raikes, Mrs.
Rainer, Arthur, M.D.
Rea, Mrs. Alec L.
Roberts, Alexander F.
Robinow, Miss
Rosling, Percy

Carlebach, Mrs. Joseph
Carmichael, Robert
Chatham, James
Clark, J. B.
Clarke, C. C.
Coutts, Dr. F. J. H., C.B.
Crawford, Sir Homewood, C.V.O.
Crosfield, Miss Margaret C.
Cummins, Professor S. Lyle,
C.B., C.M.G.

James, The Hon. Mrs. Bernard
Joshua, Mrs.

Sandford, Arthur, M.D.
Sankey, Ivor J.
Shawcross, Harold
Shigeno, K.
Smithson, Major Arthur, R.A.M.C.
Stevens, Mrs.
Streatfeild, Mrs. E. F.
Suffield, Dowager Lady

D'Abernon, The Lady
Dickson, Miss
Dodd, J. Theodore, M.A.
Douglas-Pennant, The Hon. Adela

Lawson, David, M.D.
Lessing, Mrs.
Le Vieux, Dr. Henri T.
Lister, G. D.

Tait, Henry B., F.R.C.S.
Teichmann, Mrs.
Thompson, Sir Herbert, Bart.
Thomson, H. Hyslop, M.D.
Trimble, Andrew, M.B.

Egerton of Tatton, The Lady
Elliott, Lt.-Col. George M.

MacDonnell, J. J., M.R.C.S.,
L.R.C.P.
Maitland, T. Gwynne, M.D.
Mallam, Mrs.
Marling, W. J. Paley
Marshall, Mrs. Victor
Martin, Frank
Martineau, John
Mason, The Lady Evelyn
Merz and McLellan, Messrs.
Mills, Henry John
Minet, William, M.A.
Morrice, George G., M.D.

Varrier-Jones, P. C., M.R.C.S.,
L.R.C.P.

Falmouth, Kathleen,
Viscountess
Findlay, Sir John R., K.B.E., LL.D.
Ford, Miss
Ford, P. J.

Norris, Mrs.

Wakefield, Thomas, M.B.
Warde, Wilfrid B., M.D.
Weber, F. Parkes, M.D.
Weston, Henry J., M.R.C.S.,
L.R.C.P.
Winchester, The Very Rev
Dean of

Osborn, F. A., L.R.C.P., M.R.C.S.
Osborne, John H.

MEMBERS.

	£	s.	d.
Adams, F. E. ...	1	1	0
Alexander, E. J. ...	5	0	0
Alison, Miss ...	0	5	0
Allix, Miss E. B. ...	1	1	0
Arkwright, Joseph A., M.D. ...	1	1	0
Armitage & Rigby, Messrs., Ltd. ...	2	0	0
Atkins, Miss ...	0	10	0
Baird, W. A. ...	1	1	0
Barker, E. C. ...	2	2	0
Barlow, Rt. Hon. Sir C. A. Montague, K.B.E. ...	1	1	0
Beacock, J. H. ...	0	5	0
Benington, Philip, M.B. ...	0	5	0
Bennett, Miss Hughes ...	1	1	0
Bicket, Sir Alexander, K.B.E. ...	2	0	0
Bidwell, Miss A. H. ...	2	2	0
Brewer, Miss E. N. D. ...	1	1	0
Briggs, William, LL.D. ...	1	1	0
Broadbent, Miss ...	2	2	0
Brown, E. Clifton ...	1	1	0
Brown, R. K., M.B. ...	0	5	0
Brown & Polson, Messrs., Ltd. ...	3	3	0
Browning, Surgeon- Commander H. A., R.N. ...	0	10	0
Bruce, J. Mitchell, C.V.O., M.D. ...	1	1	0
Brunner, Sir John, Bt. (the late) ...	2	2	0
Bulmer, Miss H. M. ...	0	5	0
Burton-Fanning, F. W., M.D. ...	1	1	0
Burwell, William ...	0	5	0
Butterworth, Sir Alex- ander Kaye ...	1	1	0
Camoys, Jessie, Lady (the late) ...	1	1	0
Campbell, Mrs. E. M. ...	1	1	0
Candler, Miss M. T. ...	0	5	0
Caulfield, Mrs. R. M. ...	2	2	0
Chidell, Claude C., M.B. ...	1	1	0
Childs, Christopher, M.D. (the late) ...	1	1	0
Christie-Miller, Mrs. ...	1	1	0
Clayton, Mrs. (the late) ...	3	0	0
Coleman, Lt.-Col. G. M. ...	0	5	0
Collinson, F. W., M.D. ...	0	5	0
Cook & Son, Messrs., Thomas ...	2	2	0
Crockett, Sir James ...	2	2	0
Davidson, Lady ...	2	2	0
Davidson, Mrs., M.B.E. ...	0	5	0
Debenham, Miss C. J. ...	1	1	0
Dewar, W. J., M.D. ...	0	5	0
Dimsdale, Mrs. Marcus ...	0	5	0
Dodds, W. J., M.D. ...	0	5	0
Dorrell, Miss Amy (the late) ...	1	1	0
Durham, The Earl of (the late) ...	5	0	0
Durrant, F. E. ...	0	5	0
Eastes, Thomas, M.D. (the late) ...	0	10	0
Edwards, P. W., M.B. ...	0	5	0
Carried forward	62	3	0

	£	s.	d.
Brought forward	62	3	0
Elphinstone, Mrs. L. H. ...	1	0	0
Erlangers, Messrs. ...	14	0	0
Everard, F. O. ...	1	1	0
Fanning, W. J., M.R.C.S., L.R.C.P. ...	1	1	0
Foggie, W. E., D.S.O., M.B. ...	0	5	0
Foot, H. ...	1	1	0
Forwood, Mrs. Miles ...	1	1	0
Foster, Major A. W. ...	1	1	0
Fowler, Mrs. G. H. ...	0	5	0
Fradgley, E. W. ...	1	1	0
Frankish, Mrs. ...	5	0	0
Fry, L. G. ...	5	0	0
Gardner, H. Willoughby, M.B.E., M.D. ...	0	5	0
Gibbins, H. B., M.D. ...	0	5	0
Gibson, G. D. ...	1	1	0
Giles, Rev. Edward ...	2	0	0
Glanvill, H. W. ...	1	1	0
Goodrich, Miss J. G. ...	0	5	0
Grimes, John ...	0	10	6
Haigh, Frederick ...	1	1	0
Hartley, Sir Percival H. S., C.V.O., M.D. ...	0	5	0
Harwood, Miss ...	3	0	0
Hastings Tuberculosis Care Committee ...	1	1	0
Hawkyard, A., M.D. ...	0	5	0
Helm & Co., Messrs. ...	2	0	0
Hendry, Miss E. M. ...	0	5	0
Herbert, E. ...	1	1	0
Herbert, Mrs. Anstru- ther ...	1	0	0
Herzberg, B. ...	1	1	0
Hills, Mrs. Ernest ...	0	5	0
Hincks, W. E. ...	1	1	0
Holdsworth, C. D., M.D. ...	0	5	0
Homan, Miss A. M. ...	2	2	0
Homer, J. T. ...	0	5	0
Hort, F. A., M.D. ...	1	1	0
Howell, Mrs. ...	0	5	0
Hunt, James ...	0	5	0
Hutchinson, J. ...	0	5	0
Hyams, Frank (the late) ...	1	1	0
Illingworth, Mrs. Percy ...	5	5	0
Jardine, Ethel, Lady Buchanan ...	5	0	0
Jones, John ...	0	5	0
Jones, Sir Lawrence J., Bt., J.P. ...	1	1	0
Jones, Lady ...	1	1	0
Jones, Miss Amy ...	1	1	0
Jordan, N. T. K., M.D. ...	0	5	0
Kershaw, Arthur ...	0	5	0
Kidd, Percy, M.D. ...	1	1	0
King Edward VII Welsh National Memorial Association ...	0	5	0
King, D. Barty, O.B.E., M.D. ...	1	1	0
Carried forward	133	10	6

	£	s.	d.
Brought forward	133	10	6
Lace, W. F., M.R.C.S. ...	0	5	0
Lawrence, Arthur ...	1	0	0
Lee, Mrs. ...	0	5	0
Lewis, Hon. Annie L. ...	1	1	0
Livingstone, William, M.B., C.M. ...	0	5	0
Llewellyn, W. W. ...	0	5	0
Loch, Dowager Lady ...	1	1	0
London, Corporation of City of ...	0	5	0
Macadam, Miss I. J. R. ...	0	10	0
McClintock, H. F. ...	1	1	0
McIlwraith, Lady ...	10	0	0
Macpherson, A. H., L.R.C.P. ...	0	5	0
Mallet, Sir Bernard, K.C.B. ...	1	1	0
Mallett, F. R., M.D. ...	0	5	0
Manifold, Col. John F., C.M.G. ...	2	2	0
Marshall, Mrs. Victor ...	5	0	0
Martland, W. ...	1	1	0
Mason, J. Francis (the late) ...	1	1	0
Maude, Miss F. ...	2	0	0
Maude, Miss S. M. ...	1	1	0
Mihrban Trust, The ...	10	0	0
Miller, R. E. (the late) ...	1	1	0
Monk, G. H. ...	0	5	0
Moore, Miss Faith ...	1	1	0
Mothersill, Miss Emily ...	0	10	0
Moysey, Mrs. ...	2	0	0
Murrie, Robert ...	1	1	0
Musters, Mrs. ...	0	10	0
Nannetti, Miss M. F., L.R.C.P. ...	0	5	0
Nicol, George ...	2	2	0
Noble, Leonard ...	2	2	0
Oliver, Mrs. Algernon ...	0	5	0
Osborne, J. H. ...	5	0	0
Owen-Mackenzie, Lady ...	1	1	0
Pai, N. K., M.D. ...	0	5	0
Parker, C. E. ...	0	5	0
Paterson, Miss M. M. ...	0	10	0
Patullo, Mrs. J. A. ...	0	5	0
Philip, Sir Robert, M.D., LL.D. ...	1	1	0
Pidduck, C. W. ...	0	5	0
Pilcher, Giles T. ...	2	2	0
Prest, E. E., M.D. ...	0	5	0
Prudential Assurance Company, Messrs., Ltd. ...	25	0	0
Ramsay, Mrs. John ...	1	0	0
Rayner, A. E. ...	1	1	0
Reckitt & Sons, Messrs., Ltd. ...	5	5	0
Reeves-Smith, G. ...	1	1	0
Rowe, Miss Mary ...	1	1	0
Royal National Sana- torium for Consump- tion (Bournemouth) ...	0	5	0
Rushton, William ...	1	1	0
Ryan, Miss ...	1	1	0
Ryman, H. J., Messrs., Ltd. ...	1	1	0
Carried forward	233	1	6

	£	s.	d.
Brought forward	233	1	6
St. Hill, Miss Annie ...	2	2	0
Saner, J. D., M.B. ...	0	5	0
Savill, Philip, M.D. ...	0	10	6
Scottish Life Assurance Company, Messrs., Ltd. ...	1	1	0
Shackleton, Sir David J. ...	1	1	0
Sharkey, Sir Seymour J., M.D. ...	1	1	0
Sim, R. ...	2	0	0
Singer, Sir Mortimer, K.B.E. (the late) ...	10	10	0
Smith, Miss Agnes ...	1	1	0
Smithson, Major Arthur, R.A.M.C. ...	1	1	0
Society for Improving the Conditions of the Labouring Classes, The ...	1	1	0
Somervell, John ...	0	5	0
Southwell, Miss ...	0	5	0
Spencer, Dr. F. H. ...	0	5	0
Spender-Clay, Lt.-Col. H. H., C.M.G., M.C., M.P. ...	1	1	0
Sprigg, Mrs. F. A. ...	0	5	0
Spurgeon, Sir Arthur ...	0	10	0
Stalker, D. G. ...	1	0	0
Carried forward	258	6	0

	£	s.	d.
Brought forward	258	6	0
Stallard, Nigel, F., M.D. ...	1	1	0
Startin, Mrs. ...	0	10	6
Stirling, Hon. Mrs. ...	1	1	0
Streatfeild, Mrs. ...	0	10	6
Summers, W. ...	5	5	0
Swan, C. W. ...	0	5	0
Sykes, Mrs. B. C. ...	1	1	0
Teare, J., M.D. ...	0	5	0
Tennant, Rt. Hon. H. J. ...	5	5	0
Tennant, John ...	5	0	0
Thomas, Miss G. ...	1	1	0
Thompson, Sir Herbert, Bt. ...	1	1	0
Thomson, Sir StClair, M.D., F.R.C.S. ...	0	5	0
Tippett, Gordon, M.B. ...	0	5	0
Todd, Rollo ...	1	1	0
Tomson, W. Bolton, M.D. ...	1	1	0
Trollope, H. ...	0	5	0
Turner, Frederick, M.R.C.S., L.R.C.P. ...	1	1	0
Ure, W. P. ...	1	1	0
Carried forward	285	11	0

	£	s.	d.
Brought forward	285	11	0
Walker, Miss Jane, M.D. ...	1	1	0
Walker, Mrs. ...	0	5	0
Walters, F. R., M.D. ...	1	1	0
Ward, Ernest, M.B. ...	0	10	6
Watson-Kennedy, Mrs. ...	1	1	0
Wayte, Miss Ellen ...	1	1	0
Webb, William ...	1	1	0
Whitley, E. ...	1	1	0
Wilkin, J. Whiteley ...	0	10	6
Wilkin, Mrs. J. Whiteley ...	0	10	6
Williams, Sir J. Fischer, C.B.E. ...	0	10	0
Winckworth, W. B., M.R.C.S. ...	0	5	0
Wingfield, R. C., M.B. ...	1	1	0
Wood, Miss F. Ethel ...	1	1	0
Woodcock, H. de C., M.D. ...	1	1	0
Worcestershire King Edward VII Sanator- ium (Knightwick) ...	1	1	0
Wright, Mrs. ...	0	5	0
Younger, Sir William, Bt. ...	2	2	0
Total	300	19	6

GENERAL DONATIONS.

	£	s.	d.
Anonymous ...	0	2	6
Austral Development, Messrs., Ltd. ...	2	2	0
British United Shoe Machinery Co., Ltd., Employees' Benevo- lent Fund ...	2	12	6
Corbett, H. E. ...	21	0	0
Crewdson, H. A. F. ...	1	1	0
De Beers Consolidated, Messrs. ...	10	0	0
Drabble & Son, Messrs. F. H., Ltd. ...	1	1	0
Eyre & Spottiswoode, Messrs., Ltd. ...	10	10	0
Fedden, A. Pleyer ...	1	1	0
Carried forward	49	10	0

	£	s.	d.
Brought forward	49	10	0
Fergusson, Wild & Co., Messrs. ...	1	1	0
Fry, Dr. L. S. ...	2	2	0
Glen-Coats Trust, Sir Thomas ...	2	2	0
Haviland, Miss M. ...	5	0	0
Heurtley, Miss F. ...	0	10	0
Hunt, Mrs. C. L. ...	1	1	0
Ipswich Industrial Co- operative Society, Messrs., Ltd. ...	1	1	0
Lesslie, R. I. ...	5	5	0
Louch, Charles ...	5	0	0
Carried forward	72	12	0

	£	s.	d.
Brought forward	72	12	0
Merchant Taylors' Com- pany Charities Fund. Trustees of ...	10	10	0
Morgan & Co., Messrs. ...	0	10	0
Noble, Miss ...	5	0	0
Palmer, W. J. ...	1	1	0
Peto, Arthur ...	5	0	0
Roberts, Alex F. ...	10	0	0
Roneo, Messrs., Ltd. ...	2	2	0
Shanks, Bailie J. K. ...	0	10	0
Smyth, Miss A. E. ...	1	0	0
Speak, Paul ...	2	0	0
Wilson, Mrs. R. Q. ...	3	3	0
Total	£113	8	0

BURROW HILL SANATORIUM COLONY
SUBSCRIPTIONS AND DONATIONS.

	£	s.	d.		£	s.	d.		£	s.	d.
Alexander, E. J. ...	5	0	0	Brought forward	38	3	6	Brought forward	140	10	0
Allen, A. M. E. ...	1	1	0	Goodrich, Miss ...	0	3	0	Ormsby, The Misses ...	0	10	0
Anderton, Mrs. ...	0	5	0	Gossage, Mrs. F. H. ...	5	0	0				
Anonymous ...	0	5	0	Graeme, Mrs. L. O. ...	5	0	0				
				Grant, Miss M. G. ...	5	0	0	Parker, Mrs. E. B. ...	2	0	0
Bannister, William ...	1	1	0	Granville, The Earl ...	5	5	0	Parry, R. H., F.R.C.S. ...	10	0	0
Barham, Colonel A. S. ...	2	2	0	Gray, Mrs. F. J. ...	1	1	0	Penn, Mrs. ...	2	2	0
Bogle-French, Miss ...	3	3	0					Pilkington, D. F. ...	9	0	0
Bonnar, Miss ...	1	1	0	Hartley, Rev. Canon				Potts, Miss E. M. ...	2	2	0
Bowlby, Mrs. ...	1	1	0	J. T. ...	1	0	0	Preedy, Mrs. ...	1	1	0
Browning, Mrs. Boyd ...	2	2	0	Hatton, Mrs. Villiers ...	1	1	0				
				Hawker, Mrs. J. F. ...	1	1	0	Reckitt Charity, Sir			
				Hunt, W. M. ...	0	2	6	James, Trustees of ...	10	0	0
Caldicott, C. B. ...	0	10	6					Roberts, A. F. ...	10	0	0
Capper, Lady ...	0	10	0	Jaffe, John ...	5	0	0				
Champernowne, Mrs. ...	0	5	0	James, Miss J. M. ...	1	0	0	St. Dunstan Society ...	1	10	0
C. H. N. ...	5	0	0	Jeffreys, Mrs. ...	2	2	0	Smiley, Dowager Lady ...	5	0	0
				Jervoise, Miss E. Clarke	2	2	0	Swetenham, Mrs. ...	1	1	0
Daltry, H. W. and											
L. O. ...	1	1	0	Manfield, Mrs. ...	1	1	0	van Heythusen, The			
Dobie, Miss ...	5	0	0	Mardon, Captain E. G. ...	3	3	0	Misses ...	0	8	0
du Buisson, the Misses	2	2	0	May, Miss Emily S. ...	5	0	0				
				Merz, C. H. ...	10	0	0				
Elliott, Miss L. M. ...	1	0	0	Miller, J. Boyd ...	5	5	0	Wakeman, Captain			
Elphinstone, Mrs. ...	1	0	0	Millington, Bequest of				Offley ...	1	10	0
				the late Miss ...	30	0	0	Wayte, Miss Ellen (1927			
Findlay, J. S. ...	1	1	0	M. L. C. ...	0	10	0	and 1928) ...	4	4	0
Forbes, Mrs. William	2	2	0	Montefiore, Hon. Mrs.				Weddel, William (the			
				Sebag ...	2	2	0	late) ...	10	0	0
Gibson, Miss M. M. ...	1	1	0	Moysey, Mrs. ...	2	0	0	Weeks, Miss A. A. ...	0	10	6
Goldhawk, Miss M. ...	0	10	0					Withers, Percy and			
				Nation, Howard ...	5	5	0	Mrs. ...	2	2	0
Carried forward	38	3	6	Norton, Miss F. M. ...	3	3	0				
								Total	213	10	6
				Carried forward	140	10	0				

APPENDIX VII.

BRANCHES OF THE ASSOCIATION AND AFFILIATED SOCIETIES.

CUMBERLAND BRANCH.

<i>Treasurer and Honorary Secretary</i>	-	-	H. S. CARTMELL, Esq.
<i>Office</i>	-	-	34, LOWTHER STREET, CARLISLE.
<i>Medical Superintendent of Blencathra Sanatorium, Threlkeld</i>	-	-	W. GOODCHILD, Esq., M.B., Ch.B.

DAGENHAM TUBERCULOSIS CARE ASSOCIATION.

<i>Chairman</i>	-	-	ARTHUR E. REEVE, Esq., J.P.
<i>Clerk</i>	-	-	L. LAMB, Esq.
<i>Office</i>	-	-	38, OAKFIELD ROAD, ILFORD.

THE SOCIETY FOR THE PREVENTION AND CURE OF CONSUMPTION IN THE COUNTY OF DURHAM.

<i>Chairman of General Committee</i>	-	-	WILLIAM ROBINSON, Esq., J.P., M.D., F.R.C.S.
<i>Secretary</i>	-	-	FRED FORREST, Esq.
<i>Office</i>	-	-	54, JOHN STREET, SUNDERLAND.
<i>Medical Superintendent at Stanhope and Wolsingham Sanatoriums</i>	-	-	JOHN GRAY, Esq., M.B., O.B.E.

GALASHIELS BRANCH.

<i>Chairman of Committee</i>	-	-	G. D. GIBSON, Esq.
<i>Honorary Secretary</i>	-	-	D. G. STALKER, Esq.
<i>Honorary Treasurer</i>	-	-	JOHN LITTLE, Esq.

ILFORD TUBERCULOSIS CARE ASSOCIATION.

<i>Chairman</i>	-	-	MRS. E. W. WISE.
<i>Secretary</i>	-	-	L. LAMB, Esq.
<i>Office</i>	-	-	38, OAKFIELD ROAD, ILFORD.

LEEDS TUBERCULOSIS CARE ASSOCIATION.

<i>General Secretary</i>	-	-	S. JACOB, Esq., M.A., LL.D.
<i>Secretary of Care Committee</i>	-	-	Miss F. B. MACKAY.
<i>Office</i>	-	-	155, WOODHOUSE LANE, LEEDS.

LEYTON TUBERCULOSIS CARE ASSOCIATION.

Chairman - - - - - T. P. HAINES, Esq.
Honorary Secretary and Treasurer - - C. W. SAMAIN, Esq.
Office - - - - - 180, HIGH ROAD, LEYTON, E.10.

NORTHAMPTONSHIRE AND DISTRICT BRANCH.

Honorary Secretaries - - - - - W. M. ROBSON, Esq., M.D.
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